

CHILDREN'S SERVICES COMMITTEE AGENDA



Tuesday 8 March 2016

at 4.00 pm

**in the Council Chamber,
Civic Centre, Hartlepool**

MEMBERS: CHILDREN'S SERVICES COMMITTEE

Councillors Fleet, Griffin, Hall, Lauderdale, Lawton, Loynes and Simmons.

Co-opted Members: Julie Cordiner (C of E Diocesan representative) and Michael Lee (RC Diocesan representative).

School Heads Representative's: Mark Tilling (Secondary), David Turner (Primary).

Six Young People's Representatives.

Observer: Councillor Richardson, Chair of Adult Services Committee.

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 Minutes of the meeting held on date 9 February 2016 (*previously circulated and published*).

4. BUDGET AND POLICY FRAMEWORK ITEMS

None.



5. KEY DECISIONS

- 5.1 School Admission Arrangements – Response to Petition – *Director of Child and Adult Services*
- 5.2 2016/17 Schools' Capital Works Programme – *Director of Child and Adult Services*
- 5.3 Suitability Projects – *Director of Child and Adult Services*

6. OTHER ITEMS REQUIRING DECISION

- 6.1 Better Childhood Programme – *Director of Child and Adult Services*

7. ITEMS FOR INFORMATION

- 7.1 Development of Sub Regional Adoption Service – *Director of Child and Adult Services*
- 7.2 Dedicated Schools Grant 2016/17 – *Director of Child and Adult Services*
- 7.3 Free Breakfast Provision for Primary School Children – *Director of Child and Adult Services*
- 7.4 Key Stage 4 Pupil Achievement Summary 2015 (Provisional) – *Director of Child and Adult Services*
- 7.5 HealthWatch Hartlepool Asylum Seeker and Refugee Health Consultation Report – *Director of Child and Adult Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

9. LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006

EXEMPT ITEMS

Under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) Order 2006

10. EXEMPT ITEMS REQUIRING DECISION

- 10.1 Exmoor Grove Satellite Provision – *Director of Child and Adult Services*

FOR INFORMATION

Date of next meeting – TO BE CONFIRMED.



CHILDREN'S SERVICES COMMITTEE

8th March 2016



Report of: Director of Child and Adult Services

Subject: SCHOOL ADMISSION ARRANGEMENTS –
RESPONSE TO PETITION

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision test (ii) applies. Forward Plan Reference Number: CAS 046/16

2. PURPOSE OF REPORT

To update Members on the responses received and to provide recommendations following receipt of a petition which requested a review of admission arrangements for primary school places.

3. BACKGROUND

3.1 Following the primary National Offer Day (16 April 2015) there were a number of parents dissatisfied that they did not receive one of their school preferences. The Local Authority (LA) subsequently received a petition signed by 367 people seeking a review of the admissions policy on the allocation of primary school places to include attendance at nursery as part of the admissions criteria. The petition was brought to the attention of Children's Services Committee on 16 June 2015. The petition stated:

3.2 *"Petition for local schools for local children in Hartlepool*

Many children have been turned down for school places within their local neighbourhood and have been sent out of their catchment area, we the undersigned request that the school admissions policy is reviewed and amended to give children in the catchment area more of an equally opportunity to attend the school where they have attended the Nursery and gained confidence, trust, made new friends and most of all settled into the school setting."

3.3 Children's Services Committee resolved that headteachers should be made aware of the terms of the petition. Headteachers were informed and governing bodies were also made aware of the petition during their autumn term meetings. Autumn term meetings concluded in December 2015.

Headteachers and Governing Bodies were invited to provide responses on whether the LA's admission arrangements should be changed to include attendance at a school nursery within the oversubscription criteria.

- 3.4 Members to note that any recommendations to change the oversubscription criteria could only apply to schools for which the LA is the admission authority (community and voluntary controlled), would be subject to a formal consultation and any changes would affect the 2018/19 admission arrangements. All other schools and academies are responsible for their own admission arrangements therefore it would be a decision for them to consider any changes to their oversubscription criteria.

4. OVERSUBSCRIPTION CRITERIA

- 4.1 The oversubscription criteria currently used for community and voluntary controlled schools is detailed below.

In the first instance, places will be awarded to those pupils with a **statement of special educational needs** where the school is named in the statement. The remaining places will be awarded in the following priority order:

1. Those children who are looked after children and previously looked after children (previously looked after children are children who were looked after, but ceased to be so because they were adopted or became subject to a residence order or special guardianship order);
2. Those children who have brothers or sisters who will be attending the school in September 2016;
3. Those children who live in the school's admission zone;
4. Those children who are distinguished from the great majority of other applicants whether on medical grounds or by other exceptional circumstances and who would suffer significant hardship if they were unable to attend the school;
5. Those children who live closest to the school as determined by a straight line distance measurement; from the (ordnance survey) address point for the child's home to the (ordnance survey) address point of the school.

If more children qualify under a particular criterion than there are places available, priority will be given to those children who live closest to the school (as described under criteria 5).

5. SUMMARY OF RESPONSES

- 5.1 The LA obtained extracts of governing body minutes which recorded the discussions that took place regarding the petition.
- 5.2 Twenty nine primary governing bodies discussed the petition. Fourteen were their own admission authorities.

5.3 The responses are broken down into LA admission authority schools and schools which are their own admission authority and detailed below.

- 5.4 LA admission authority schools (15)
- 33.33% did not agree with a change
 - 13.33% did agree with a change
 - 53.33% didn't express a view either way
- 5.5 Own admission authority schools (14)
- 29% did not agree with a change
 - 14% did agree with a change
 - 57% didn't express a view either way

6. OFFICE OF THE SCHOOLS ADJUDICATOR

6.1 The Office of the Schools Adjudicator (OSA) works with the Department for Education and helps to clarify the legal position on admissions policies in schools.

6.2 The OSA's 2014/15 annual report was published in November 2015. Included in that report is a review of the 2014 report's main findings which refers to the inclusion of attendance at nursery within oversubscription criteria.

6.3 **Main Finding** - *The practice of giving priority for admission to the reception year to children who have attended nursery provision has again been found to be unfair to other local children, constrains parents' preferences for child care and pre-school provision and does not comply with the general requirements of the Admissions Code.*

OSA comments made in relation to complaints received in 2013/14 are below:

Schools that wish to give priority to children attending certain nursery provision still do not consider carefully enough the requirements for admission arrangements to be fair for all children starting compulsory schooling so that they all have a fair chance of securing a place in a reception year class irrespective of decisions made about pre-school provision.

6.4 This issue was also raised at an admissions conference attended by Council admissions officers last autumn at which the Chief Schools Adjudicator presented difficulties experienced by LA's that include this criterion within an oversubscription criteria.

"The difficulties include:

- 1 Schools may not have the same number of places in the nursery as the reception class;*
- 2. Charges made for some provision so financial benefit to the school;*
- 3. Places allocated for the nursery in a way that would be unlawful for admission to reception;*

4. Permission is given for priority for certain children in paragraphs 1.9f, 1.39A and 1.39B These reference points appear in the current Admissions Code.

7. LOCAL AUTHORITY RESPONSE

- 7.1 Members are asked to note that when parents accept a nursery place they are made aware that attendance at nursery does not guarantee a place at that particular school.
- 7.2 Given the comments obtained from the Office for the Schools Adjudicator and the fact that the majority of schools, who expressed a view, were against the proposal, officers seek Member agreement not to include attendance at nursery within the oversubscription criteria for Community and Voluntary Controlled Schools.

8. RISK IMPLICATIONS

- 8.1 In addition to the difficulties raised by the Schools Adjudicator, in 6.4 above, there is currently no consistency in how schools allocate places into nursery settings, nursery provision is non-compulsory, addresses are not checked and some schools have more nursery places than their published admission number. To place attendance at nursery within oversubscription criteria would be in breach of the general requirements of the Admissions Code.

9. FINANCIAL CONSIDERATIONS

- 9.1 In considering the issues outlined in this report Members are reminded that significant additional Government Grant cuts will be made over the period 2016/17 to 2018/19. As a result the Council faces a budget deficit for the next three years of between £16.3m and £18.3m, depending on the level of Council Tax increases approved by Members over this period. The recommended strategy for managing the 2016/17 budget position is predicated on the use of significant one-off resources to provide a longer lead time to make permanent budget reductions and the following table summarises the annual budget deficits. Detailed proposals for achieving 2017/18 and 2018/19 budget reductions will need to be developed. Any additional budget pressures will increase the budget cuts which will need to be made and will need to be referred to the Finance and Policy Committee for consideration.

	Revised Forecast based on actual grant cut and 1.9% Council Tax increase £'m	Revised Forecast based on actual grant cut and 1.9% Council Tax increase and 2% Social Care Precept £'m
2016/17	4.749	4.179
2017/18	9.638	8.663
2018/19	3.945	3.443
Total	18.332	16.285
Cut as %age 15/16 budget	21%	19%

10. LEGAL CONSIDERATIONS

10.1 There are no legal considerations.

11. CHILD AND POVERTY CONSIDERATIONS

11.1 There are no child and poverty considerations.

12. EQUALITY AND DIVERSITY CONSIDERATIONS

12.1 The admission arrangements relate to every child and young person in Hartlepool regardless of background, faith or ethnicity. The purpose of the arrangements is to ensure a fair and transparent process in the allocation of school places.

13. STAFF CONSIDERATIONS

12.1 Should Members wish to consult on a change to the admission arrangements, staff time and resources will be required.

14. ASSET MANAGEMENT CONSIDERATIONS

13.1 There are no asset management considerations.

14. RECOMMENDATIONS

14.1 Members are recommended not to consult on a change to the admission arrangements for community and voluntary controlled schools.

15. BACKGROUND PAPERS

- 15.1 Report to Children's Services Committee – 6 October 2015
Briefing Paper to Governing Bodies – Autumn Term 2015

16. CONTACT OFFICER

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CHILDREN'S SERVICES COMMITTEE

8th March 2016



Report of: Director of Child & Adult Services

Subject: 2016/17 SCHOOLS' CAPITAL WORKS PROGRAMME

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Key Decision – test (i) & (ii) applies – Forward Plan Reference No. CAS 045/16

2. PURPOSE OF REPORT

2.1 The purpose of this report is to seek approval to the 2016/17 Schools' Capital Works Programme, as detailed in confidential **Appendix 1** in order to progress the design and detailed costing exercise in time for the majority of projects to be carried out during the summer holiday period. **This item contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, information relating to the financial or business affairs of any particular person (including the authority holding that information)**

3. BACKGROUND

3.1 Each year, during January or early February, the Department for Education (DfE) announces capital funding allocations, these being, School Condition Allocations (SCA) formerly known as Capital Maintenance and Devolved Formula Capital (DFC) for the school estate in Hartlepool both for the Local Authority (LA) and the Voluntary Aided sector (VA). At the time of writing this report, capital funding allocations had not been communicated to the LA. However, last year the DfE stated that SCA allocations for 2015/16 would be indicative of the funding that responsible bodies will receive in 2016/17 and 2017/18. DfE further stated that SCA will be revised annually to reflect schools moving responsible body eg converting to Academy status, opening or closing. During 2015/16, no schools have closed, opened or converted to Academy status, therefore the schemes detailed in **Appendix 1** are considered affordable using the same allocation made in 2015/16, which was £705,409.

4. FUNDING

- 4.1 School Condition Allocation is a grant to the LA for all maintained community schools and is aimed at addressing condition needs in existing school premises, but does not include Academies who receive funding from a Condition Improvement Fund, direct from the Education Funding Agency.
- 4.2 Devolved Formula Capital is a relatively limited capital allocation made directly to schools via the LA to support small scale projects and ICT development. Schools often use this allocation to fund their 10% contributions to larger capital schemes.
- 4.3 This report is seeking approval for the schemes proposed in confidential **Appendix 1** and will be funded from the 2016/17 Schools Capital Allocation - £705,409, the unallocated funding - £170,000 and the remaining 2015/16 contingency - £91,230. Schools will also be expected to contribute 10% towards the schemes.
- 4.4 Detailed in Table 1 below is the total funding available. Table 2 details the total costs of schemes proposed and the funding required. All schemes have a contingency figure built into the costs, therefore officers are confident that the programme is affordable. The programme will be carefully managed to ensure there is no risk of overspending.

Table 1	£
16/17 SCA Funding*	705,409
15/16 Unallocated Funding	170,000
Unused 15/16 Contingency	91,230
10% school contributions	90,600
Total Available	1,057,239

**based on 15/16 allocation*

Table 2	£
Capital Schemes	906,000
Contingency	150,000
Total Required	1,056,000

5. CONTINGENCY

- 5.1 As in previous years, the overall programme recommended to Committee for approval includes a contingency fund which has been allocated from the SCA. This will continue to ensure that urgent but unforeseen items can be addressed, should the need arise.
- 5.2 Other than in response to an emergency situation, there will be no significant variation to the programme of works as detailed in **Appendix 1**.
- 5.3 Within the 15/16 programme there was a contingency allocation of £150,000. Three emergency schemes were funded which are detailed in **Appendix 1**. The schemes were initially approved by the Director of Child & Adult Services and they now require retrospective Member approval.

6. DIOCESE COLLABORATION

- 6.1 Liaison with representatives from the Roman Catholic Diocese of Hexham & Newcastle and the Church of England Diocese of Durham & Newcastle has taken place and a consistent approach to the development of capital schemes has been agreed. In order to aid the creation of the 2016/17 Locally Controlled Voluntary Aided Programme (LCVAP), technical knowledge in relation to the condition of Hartlepool VA schools has been shared with the two Dioceses for their consideration. Further liaison will take place to determine which schemes should feature in the final schedule of works for the voluntary-aided sector.

7. PROCUREMENT

- 7.1 All works of a non-specialist nature will be awarded to the in-house team.
- 7.2 In-house work that utilises subcontractors or work of a specialist nature will be procured in accordance with the Council's procurement rules.

8. RISK IMPLICATIONS

- 8.1 The report is concerned with the condition, protection and development of Council assets i.e. school buildings.
- 8.2 The proposed programme of works has been compiled on the basis of those areas/sections of school buildings which are showing clear signs of failure together with aspects of the building which have the potential to improve teaching and learning and to prevent possible loss of school days due to emergency school closures.
- 8.3 As detailed in section 3.1, the SCA allocation is expected to be the same as that received in 2015/16, should this not be the position, schemes will be prioritised further or some funding can be diverted from the contingency figure.

9. LEGAL CONSIDERATIONS

- 9.1 There are no legal considerations.

10. CHILD AND POVERTY CONSIDERATIONS

- 10.1 There are no child and poverty considerations.

11. EQUALITY AND DIVERSITY CONSIDERATIONS

11.1 There are no equality and diversity considerations.

12. STAFF CONSIDERATIONS

12.1 There are no staff considerations.

13. FINANCIAL CONSIDERATIONS

13.1 If the schemes detailed in the attached **Appendix 1** are approved, funding can be met from the 2016/17 Schools Capital Allocation, current unallocated capital funding together with school contributions.

14. RECOMMENDATIONS

Members are recommended to:

- Approve the schedule of 2016/17 capital works programme as summarised in **Appendix 1**, subject to the LA agreeing contributions from schools towards individual schemes in line with the shared funding principles established by the Schools Forum.
This item contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, information relating to the financial or business affairs of any particular person (including the authority holding that information).
- Retrospectively approve the three schemes which have been funded from contingency which are detailed in **Appendix 1**.
- Allow the Director of Child and Adult Services dispensation and discretion to authorise works where a significant emergency / health and safety risk is exposed.

15. BACKGROUND PAPERS

Reported to the Schools Forum Capital Sub-Group – 5 February 2016

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CHILDREN'S SERVICES COMMITTEE

8th March 2016



Report of: Director of Child and Adult Services

Subject: SUITABILITY PROJECTS

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Key Decision (test (i)/(ii) Forward Plan Reference No. CAS 047/16).

2. PURPOSE OF REPORT

2.1 The purpose of this report is to update Children's Services Committee regarding the schemes that have been selected by Schools' Forum, following a suitability survey exercise carried out by Schools' Capital Subgroup, and to seek approval for these proposed schemes, as detailed in **Appendix 1**, in order to progress a design and detailed costing exercise. **This item contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, information relating to the financial or business affairs of any particular person (including the authority holding that information.**

3. BACKGROUND

3.1 In 2014 it was agreed, by a Schools' Forum Task and Finish Group, that the priorities for suitability projects would be: to ensure that all buildings were wind and water tight; primary cooking and nutrition curriculum provision; secondary science provision; and building issues affecting the delivery of the curriculum.

3.2 In order to assess fairly the needs of each school it was agreed to carry out suitability surveys, applying Department of Education methodology which assesses whether areas within a school (teaching and non teaching) are fit for purpose. A proforma for each school was created which provided details of every room. This proforma, along with a floor plan and suitability guidance was emailed to all schools and visits were arranged with each school individually to discuss the process.

- 3.3 There was a significantly high number of issues highlighted that far outstretched the budget available. Issues highlighted that fell into category A 'unable to teach curriculum' and category B 'teaching methods inhibited' were progressed forward for feasibility assessment and costing. These schemes alone had an estimated total cost of £4,233,689.
- 3.4 Schools' Capital Subgroup made the decision to prioritise the issues that posed a health and safety risk. In November 2015, Hartlepool Borough Council's Health, Safety and Wellbeing Team reviewed highlighted issues and gave advice on associated risk. A Task and Finish Group convened to take on this advice and prioritise potential schemes.
- 3.5 Issues not deemed to be a health and safety risk were not considered, those that were deemed to be to be a risk were categorised as high, medium or low priority. The Schools' Capital Subgroup agreed that all 'high' and 'medium' priority schemes be selected for progression.
- 3.6 As part of the suitability survey process, primary schools gave feedback on their current ability to meet the cooking and nutrition curriculum. Nine schools felt that they needed additional facilities to help them meet this element of the curriculum. In some cases these were simple changes to current facilities, others required building extensions to accommodate further kitchen space. A total estimated cost to meet these changes is £379,449.
- 3.7 A Schools' Capital Subgroup Task and Finish Group met on the 13th January 2016 to review the issues associated with the primary cooking and nutrition curriculum. The suggested schemes were considered and it was agreed cooking was a small part of the overall primary curriculum with schools only needing to dedicate one day per half term to this subject. It was felt that some of the suggested schemes and associated costs were not proportionate to the curriculum, and that this was not the best use of the funding available.
- 3.8 The Cooking and Nutrition Task and Finish Group agreed that it would be better to broker support from secondary schools, that can accommodate, or Hartlepool College of Further Education. A scoping exercise will be carried out to see how feasible this is; some suitability funding may need to be allocated to support.
- 3.9 It was raised at Schools' Capital Subgroup that there are other elements of the curriculum, such as ICT, that are underfunded in primary schools and should take priority over cooking and nutrition. It was requested that the priorities for this funding be reconsidered to take this into consideration.
- 3.10 Through the suitability surveys, St Hild's highlighted that they require changes to their science labs. A science specialist has reviewed the proposals and believes that they are unnecessary, though they did recognise that some smaller scale adjustments would be of benefit.

- 3.11 At their meeting on 20th January 2016, Schools' Forum agreed to support the progression of schemes identified as priorities by Schools' Capital Subgroup. They also supported a recommendation for Schools' Capital Subgroup to review and agree curriculum related priorities for DSG funding. It was also agreed that the subgroup would review funding issues relating to asbestos management in schools to see if DSG funding can be allocated to support this.

4. PROPOSALS

- 4.1 Schemes proposed are identified in confidential **Appendix 1**.

5. RISK IMPLICATIONS

- 5.1 The schemes proposed have been identified as having an associated high or medium health and safety risk if improvements are not carried out.
- 5.2 Schools' Capital Subgroup will be considering and planning how remaining funds can be reallocated to support primary schools with areas of their curriculum.
- 5.3 Schools' Capital Subgroup will be considering and planning how remaining funds can be reallocated to support schools with the management of asbestos in schools buildings.

6. FINANCIAL CONSIDERATIONS

- 6.1 The current budgetary position is detailed in the table below:

Proposed Spend £	School Contribution £	Funding Required £
664,033	66,403	597,630
319,000	31,900	287,100
983,033*	98,303	884,730
	Budget Available £	1,250,400
	Remaining Budget £	365,670

*High & Medium H&S schemes

- 6.2 The remaining budget includes funding previously allocated to science laboratories at English Martyrs School and Sixth Form College. The school is benefitting from Priority School Building Programme - Phase 2, therefore the allocation will not be required.
- 6.3 Schools are expected to contribute 10% of the total cost of their schemes from their school budget.

- 6.4 Two of the schemes listed are pending bids that have been made by academies to the Education Funding Agency. If these bids are successful the costs for the schemes will not need to be covered by this funding.
- 6.5 Where funding is allocated to non-maintained schools (VA Schools and Academies), they cannot be compelled to use the local authority to deliver the scheme. Therefore if they choose to use another provider, the funding would be transferred to the schools. Therefore a system of certification will be put in place to release the funding in installments in line with schools incurring costs.
- 6.6 The treatment of VAT also needs to be considered. VA Schools are unable to recover VAT on capital works as this is the responsibility of school governors, unless works relate to playing fields in which case the Council is considered responsible and VAT is recoverable. Even if the local authority carried out works at VA schools VAT is not recoverable and consequently capital schemes would cost 20% (the standard VAT rate) more than at non-maintained schools unless the works relate to areas that are the responsibility of the Council (e.g. playing fields). VAT has therefore been added to VA school schemes where required. This also applies to schemes previously approved.
- 6.7 Academies are able to recover VAT and arrangements will be put in place to ensure that VAT is treated correctly.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 Prioritising spending on potential health and safety risks will ensure the all children and young people in Hartlepool can attend a school that is safe and secure.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 The capital allocations proposed will ensure that building assets are weather proof, safe and secure. This will ensure that they continue to be fit for purpose.

12. RECOMMENDATIONS

- 12.1 Members are recommended to:

- approve the schedule of proposed schemes as summarised in confidential **Appendix 1**, subject to the LA agreeing contributions from schools towards individual schemes in line with the shared funding principles established by Schools' Forum;
- approve that the remaining available budget should be allocated to priorities affecting the curriculum to be determined by Schools' Capital Subgroup and agreed by Schools Forum;
- require that a certification process is put in place as outlined in paragraph 6.3.

13. BACKGROUND PAPERS

- 13.1 Children's Services Committee – 17 March 2015
Schools' Capital Subgroup – 14 October 2015 and 9 December 2015
Report to Schools' Forum – 20 January 2016

14. CONTACT OFFICER

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CHILDREN'S SERVICES COMMITTEE

8th March 2016



Report of: Director of Child and Adult Services

Subject: BETTER CHILDHOOD PROGRAMME

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non key

2. PURPOSE OF REPORT

2.1 For members to approve the implementation of the first phase of the transformation programme Better Childhood Programme.

3. BACKGROUND

3.1 The Better Childhood Programme (BCP) is a cross public sector transformation programme supported by Cleveland Police, the CCG and Hartlepool Borough Council. As part of this programme Hartlepool Borough Council and its partners have developed proposals for the redesign and integration of their services in Hartlepool with the aim of:

- Improving outcomes and life chances for children, young people and families
- Improving the resilience of families and communities and reducing family breakdown
- Supporting more families through early intervention and prevention
- Moving from a culture of 'identification and referral' to one where workers 'own and intervene'
- Reducing demand for specialist services, bringing numbers of Looked After Children in line with statistical neighbours.

3.2 The first part of the programme, from July to October 2015 involved a thorough analysis into demand for children's services in Hartlepool, identifying key causes and drivers, and comparing Hartlepool with its statistical neighbours. This demonstrated a need to do things differently if we are to better support families in building their resilience and in maximising

our collective efforts, at a time of shrinking resources. This analysis has led to the development of a new model of integrated support. From November 2015 to January 2016 children, families and professionals from a range of agencies have collaborated to redesign a new integrated model for early intervention in Hartlepool.

- 3.3 A report was presented to Children's Services Committee on 1 December 2015 providing an update on the Better Childhood Programme. It set out work that had been undertaken to review demand for children's services and work that was ongoing to redesign services with partners.

4. PROPOSALS

- 4.1 The Better Childhood Programme document, attached as **Appendix A**, sets out all the work undertaken through the programme and includes the case for change, the redesign work carried out with children, families, workers and partners, overall vision, proposed structures, and timelines for implementation.
- 4.2 In support of this redesign we have carried out interviews and focus groups with a wide range of children and families, and have used this to develop case studies and common themes. We identified the following common themes from this engagement, which have provided the basis for service redesign activity:

What children and young people said?	What will be different in the new model
Don't want worker to change	One worker will be dedicated to working with each family
Want someone to talk to about problems	Workers will have more time to speak to children & families to understand problems. Teams will include professional counsellors
Want worker to listen to us and act on what we have said	Workers will make sure they talk to children to understand their aspirations & problems
More aspirations	Aspirations for children has been set as a priority 'obsession' for the council & partners
Create records about us with us	Finding out information and planning support will be done with families & children - not too them.

- 4.3 The Children's Strategic Partnership has developed a vision and priorities for the Better Childhood Programme (page 7 of **Appendix A**) and the vision states:

"Our ambition as a children's partnership is to enable all children and families in Hartlepool to have opportunities to make the most of their life chances and be supported to be safe in their homes and communities."

The priorities are:

1. *Children and young people have opportunities to make the most of their life chances and are safe.*
2. *Improving family relationships, strengths, skills and ability to cope.*
3. *Reducing the impact of domestic violence, mental health, drugs and alcohol misuse on children and families.*
4. *Helping parents, carers and young people to gain skills and get jobs.*

4.4 Consultation has taken place with children, young people and parents to understand what services could have done differently to make their lives better. This information has been used by the workforce (in both HBC and NHS trust) to redesign services as set out in the document attached (**Appendix A**).

4.5 The work undertaken with children and families was also used to develop design principles that underpin all the proposed changes. These are:

How families will be supported

- Children and families at the heart of service design and decision making with a focus on relationships between family members and professionals.
- One worker should hold the relationship, coordinate other interventions and follow families through to a place where their resilience is improved, where this is possible.

How teams will operate

- Service needs to be focused on building the resilience and capacity of universal services and communities.
- Service needs to reduce demand into specialist services and measure impact against this, with improved analysis of 'root cause' issues - to better respond, first time, to the challenges facing families.
- Teams need to be able to respond to need at a local level.

How services will be accessed

- Multi-agency locality teams, based in communities located around schools and learning communities at a local level.

4.6 The proposal is for the Early Help Teams (HBC), Effective Interventions team (HBC), Health Visitors (NHS Trust), Community Nursery Nurses (NHS Trust), School Nurses (NHS Trust) and Family Nurse Partnership (NHS Trust) to be redesigned to four integrated locality teams alongside a specialist team. The locality teams will support children and families at an Early Help level with the specialist team offering intensive support to those families that need it.

- 4.7 It is hoped that these teams can be in place for 1 April 2016, however a project plan is in place to monitor the implementation and if needed timescales will be adapted.

5. EARLY HELP ASSESSMENTS

- 5.1 The research carried out by iMPOWER throughout the summer indicated that partners did not like the current early help assessment and this was acting as a barrier to identifying needs as early as possible. Work has been undertaken with all partners to review the current assessment and develop a new one. This will continue to be developed over the next few months.

6. RISK IMPLICATIONS

- 6.1 There are a number of risks that need to be managed when bringing together two staffing groups from different organisations such as supervision, management of cases and access to systems. Managers from each organisation are working together to identify these risks and find solutions to ensure that practices are safe and effective.

7. FINANCIAL CONSIDERATIONS

- 7.1 The proposed changes are within the current budget. One of the key drivers of the project is to realise further efficiencies through more effective integrated early intervention thus reducing the demand for and costs associated with children needing specialist services.
- 7.2 In considering the issues outlined in this report Members are reminded that significant additional Government Grant cuts will be made over the period 2016/17 to 2018/19. As a result the Council faces a budget deficit for the next three years of between £16.3m and £18.3m, depending on the level of Council Tax increases approved by Members over this period. The recommended strategy for managing the 2016/17 budget position is predicated on the use of significant one-off resources to provide a longer lead time to make permanent budget reductions and the following table summarises the annual budget deficits. Detailed proposals for achieving 2017/18 and 2018/19 budget reductions will need to be developed. Any additional budget pressures will increase the budget cuts which will need to be made and will need to be referred to the Finance and Policy Committee for consideration.

	Revised Forecast based on actual grant cut and 1.9% Council Tax increase £'m	Revised Forecast based on actual grant cut and 1.9% Council Tax increase and 2% Social Care Precept £'m
2016/17	4.749	4.179
2017/18	9.638	8.663
2018/19	3.945	3.443
Total	18.332	16.285
Cut as %age 15/16 budget	21%	19%

8. LEGAL CONSIDERATIONS

- 8.1 There are no legal considerations with this report.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 9.1 These proposals ensure that children and families will be supported at the earliest possible opportunity and therefore will support families in poverty before they face crisis.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 This approach focuses on a community based approach and therefore all children and families will be supported based on need.

11. STAFF CONSIDERATIONS

- 11.1 Staff have been significantly involved with this transformation programme from the outset and the proposals set out in this report have been developed by staff teams.

There will be a change of management for a number of HBC and NHS Trust staff and work is ongoing to ensure that they are consulted with. HBC staff briefings and communications have taken place throughout the programme.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 Accommodation is currently being reviewed as there is a need for community based locality bases. It is hoped that the teams can be accommodated within council and health buildings and work is ongoing to identify the most appropriate buildings.

13. RECOMMENDATIONS

- 13.1 For members to approve the implementation of the first phase of the transformation programme Better Childhood Programme.

14. REASONS FOR RECOMMENDATIONS

- 14.1 To ensure that children and families receive the right support at the earliest possible opportunity.

15. BACKGROUND PAPERS

Children's Services Committee Report, Better Childhood Programme, 1st December 2015

16. CONTACT OFFICER

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Better Childhood Programme

1. Context and background

1.1 Summary

The Better Childhood Programme (BCP) is a cross public sector transformation programme supported by Cleveland Police, the CCG and Hartlepool Borough Council. As part of this programme Hartlepool Borough Council and its partners have developed proposals for the redesign and integration of their services in Hartlepool with the aim of:

- Improving outcomes and life chances for children, young people and families
- Improving the resilience of families and communities and reducing family breakdown
- Supporting more families through early intervention and prevention
- Moving from a culture of 'identification and referral' to one where workers 'own and intervene'
- Reducing demand for specialist services, bringing numbers of Looked After Children in line with statistical neighbours.

The first part of the programme, from July to October 2015 involved a thorough analysis into demand for children's services in Hartlepool, identifying key causes and drivers, and comparing Hartlepool with its statistical neighbours. This demonstrated a need to do things differently if we are to better support families in building their resilience and in maximising our collective efforts, at a time of shrinking resources. This analysis has led to the development of a new model of integrated support. From November 2015 to January 2016 children, families and professionals from a range of agencies have collaborated to redesign a new integrated model for early intervention in Hartlepool.

This document provides an overview of the research carried out, the case for change and the model for service delivery.

1.2 Case for change

In Summer 2015 iMPower, HBC and partners carried out analysis to better understand demand for children's services in Hartlepool and to help determine how we could better support families at a lower level. This included seeking to understand the core drivers for demand for specialist services in Hartlepool and the common issues in families that have led to them requiring more intensive support or for children becoming looked after. Overall, this analysis demonstrated that a more integrated approach with a focus on the root causes which drive family breakdown is needed to have more impact on outcomes and reduce demand for specialist services.

The findings of this work included that:

- 48% of Looked after Children could definitely or possibly have been avoided with the right intervention at an earlier stage (based on a review of 25% of LAC cases)
- Hartlepool has higher number of Looked after Children and Social Care Assessments, than its statistical neighbours, with many of these assessments not requiring subsequent ongoing social care support

- There is confusion over pathways of support both from partners and staff within the council, leading to a significant percentage of professionals believing that the best way to access early help support is through making a referral to social care
- Over 75% of cases reviewed showed four or more services involved, but not enough evidence of active work that was achieving impact
- Domestic violence, substance misuse and bereavement are core drivers for future specialist services, with this particularly prevalent in younger children
- While there are lots of services involved with families, they are very rarely seeking to tackle or prevent these core issues.

In 2015 the NSPCC produced a publication investigating the role of universal services in addressing and responding to neglect ('Tackling child neglect in universal services'). Findings from this national report support the case for an alternative approach:

- The most common way for practitioners to provide early help for child neglect was by signposting families to other agencies, sometimes with little other action taken.
- While signposting is an important component of early help provision, it needs to be done alongside other aspects of early help, like taking time to understand a child and family's needs, and developing a relationship with them that supports them to engage with other services.
- Workload and time pressures were considered to be a significant barrier to providing early help for the practitioners, in particular for those working in health services.
- Staff shortages, high caseloads and pressures to meet targets mean that practitioners have less time, for example, to consider the wellbeing of children in a more holistic way, to develop relationships with children and parents or to monitor children when they have concerns.

The Local Authority and partners face significant reductions to budgets as a result of the Comprehensive Spending Review. A primary ambition of the council and wider partnership is to support frontline services, where possible. Reducing demand for services through a more integrated and focused approach offers a way of achieving these reductions in budget without making significant cuts to services. The analysis completed over the summer of 2015 demonstrated the potential to avoid, reduce and remove unnecessary demand through the children's system and at the same time support more families through earlier intervention.

1.3 Voice of the child

In support of this redesign we have carried out interviews and focus groups with a wide range of children and families, and have used this to develop case studies and common themes. We identified the following common themes from this engagement, which have provided the basis for service redesign activity:

What children and young people said?	What will be different in our new model
Don't want worker to change	One worker will be dedicated to working with each family
Want someone to talk to about problems	Workers will have more time to speak to children & families to understand problems. Teams will include professional counsellors
Want worker to listen to us and act on what we have said	Workers will make sure they talk to children to understand their aspirations & problems

What children and young people said?	What will be different in our new model
More aspirations	Aspirations for children has been set as a priority 'obsession' for the council & partners
Create records about us with us	Finding out information and planning support will be done with families & children - not too them.

1.4 Aims of service redesign

Our analysis in phase 1 of Better Childhood demonstrated the need to integrate our services at a local level. A significant number of contacts and referrals to the council come from universal services such as schools. Engagement with our partners has shown that there is a lack of understanding around local early help provision and some duplication due to a lack of integrated working.

As a result, we are seeking to integrate a number of our services around four key localities, centred around children's centre reach areas and school clusters. A core ambition of this approach will be to:

- Build the confidence and resilience of universal services to support families at a local level
- Improve the active participation of communities to support families
- Provide more pro-active intervention in local areas to reduce future demand for specialist services.

1.5 Overview of current structure and services in scope

Our proposal is that the implementation and development of the proposed Locality Model is phased, with a range of directly delivered and commissioned services integrating with the Locality Model over the next 6 – 12 months. The intention is that the new locality teams will 'go live' from April 2016.

The following services are in the scope of this phase of redesign and are directly affected by the proposals for an integrated model.

Team	Summary of existing role
Early Help Team North/ South	<ul style="list-style-type: none"> • Support families with additional needs to improve outcomes and resilience.
Effective Interventions Team	<ul style="list-style-type: none"> • Provide specific interventions and support to cases held by a Social Worker. • Provide flexible support and intervention around parenting, behaviour and routines.
Children's Centres Team (including Contact team)	<ul style="list-style-type: none"> • Delivering a programme of groups for families, targeting a wide range of outcomes. • Delivering universal plus pathway, including outreach visits. • Contact service supervises visits between parents and looked after children.
0-5 Public Health Service (Health Visiting and Family)	<ul style="list-style-type: none"> • Provide health focused support, advice and guidance to families with children aged 0-5.

Nurse Partnership)	<ul style="list-style-type: none"> • This includes a series of mandated visits, assessment of health needs, and referral to other professionals where required. • Deliver national FNP in Hartlepool providing structured, intensive support to teenage parents with young children.
5-19 Public Health Service (School Nursing).	<ul style="list-style-type: none"> • Providing health assessment, interventions and support asses at a universal, targeted and specialist levels.

The following services are not in the scope of redesign but work will be undertaken to align them to the proposed model:

- Safeguarding and Support Teams
- Youth Offending Team
- Youth Service
- Attendance Team
- NEET/ One stop shop Team.

The following services are under consideration for the next phase of redesign and integration with the proposed locality model where appropriate:

- Domestic violence services
- Substance misuse services
- Mental health services
- Housing services.

1.6 How redesign proposals were developed

From November 2015 to January 2016 Hartlepool Borough Council and its partners have undertaken work to understand existing services and develop proposals for a new integrated model, able to improve outcomes for children and families, and reduce demand for specialist services.

In developing this model we have sought to include a wide variety of children, families and staff to ensure it is fit for purpose and achieving our goals. This has included:

- Engagement with children and families about the nature of support they have been receiving and how they would like to see this support delivered in the future. This has helped shape the detailed design principles for our new teams.
- A number of whole service workshops with Hartlepool Borough Council staff to set out the case for change and the potential high level model that was initially developed
- A series of workshops with health visitors, school nurses and Family Nurse Partners on design principles and potential models.
- A number of detailed 're-design' sessions have taken place which have been attended by a cross section of frontline staff from a variety of different teams, including health, police and schools. These sessions have helped to develop the model that we are seeking to implement.
- A wider 'Practitioner Reference Group' has met to consider proposals developed by the redesign group to add further scrutiny and input from frontline staff and partners
- A design authority has met regularly, attended by the commissioners of services to ensure strategic buy in to the model

- The Children's Strategic Partnership (CSP) has been engaged throughout the development of this model and will continue to lead this model.

The model proposed in this document is therefore directly shaped by the children and families we are seeking to support and by the frontline staff that will deliver it. Details of engagement activity completed are set out in the table below.

Key group	Activity
Children and families	<p>Discussion took place with a range of children and parents. Including:</p> <ul style="list-style-type: none"> • Interviews/ focus groups with over 25 children and over 15 parents focused on a) capturing experience of existing services and b) testing proposals for change • Development and analysis of over 10 case studies from interviews/ focus groups with children and families, directly informing the design of the proposed service model.
Service Redesign Group	<p>A Service Redesign Group was established with representatives from a range of council services (including those not in the scope of this redesign) and representatives from several partner agencies. This group:</p> <ul style="list-style-type: none"> • Reviewed feedback from children and families • Reviewed demand analysis best practice from other areas • Developed vision and design principles • Developed core obsessions and performance indicators • Identified interventions to assess need and deliver support • Identified locality areas and teams • Determined level of resource and specialisms in each team • Determined purpose of teams and roles in locality model • Identified how these teams can best build the resilience of communities and universal services.
Practitioner Reference Group	<p>A Practitioner Reference Group was established with representatives from a range of council services and representatives from other agencies. This group:</p> <ul style="list-style-type: none"> • Supported the activities above by reviewing and testing proposals developed by the Service Redesign Group • Shared proposals with wider teams and feeding back to Practitioner Reference Group • Provided Service Redesign Group with feedback, insight and challenge.
Children's services staff workshops	<ul style="list-style-type: none"> • Two workshops were held with HBC staff in Nov 2015. Key findings from analysis of service demand and initial feedback from children and families were presented. Initial views were sought on how best to respond to these challenges.
Health Visiting and School Nursing staff workshops	<ul style="list-style-type: none"> • Two workshops were held with Health Visitors and School Nurses in Nov 2015. Key findings from analysis of service demand and initial feedback from children and families were presented. Initial views were sought on how best to respond to these challenges.

Key group	Activity
Children's Strategic Partnership	<ul style="list-style-type: none"> • Case for change and early proposals were presented to the Children's Strategic Partnership on 17th November 2015. • Proposed service model was presented to Children's Strategic Partnership and agreed in principle on 25th Jan 2016.

1.7 Design principles

It was important that all of the information captured through discussion with children, young people, parents, worker and research was used to shape the design of the model. In support of this design principles were created by the Service Redesign Group and Practitioner Reference Group, that were used to test proposed models.

Key design principles agreed:

A) How families will be supported

- Children and families at the heart of service design and decision making with a focus on relationships between family members and professionals.
- One worker should hold the relationship, coordinate other interventions and follow families through to a place where their resilience is improved, where this is possible

B) How teams will operate

- Service needs to be focused on building the resilience and capacity of universal services and communities
- Service needs to reduce demand into specialist services and measure impact against this, with improved analysis of 'root cause' issues - to better respond, first time, to the challenges facing families.
- Teams need to be able to respond to need at a local level

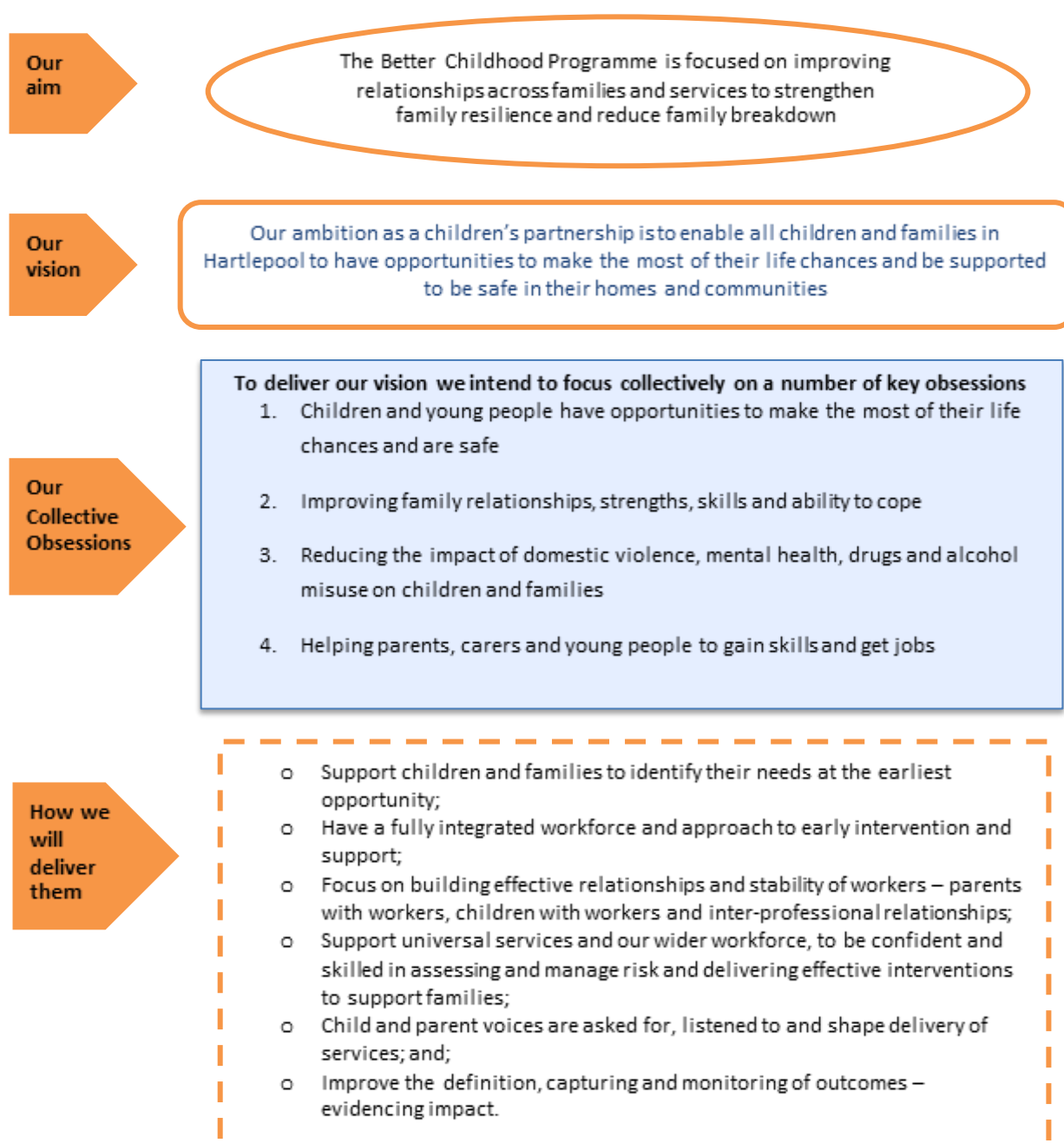
C) How services will be accessed

- Multi-agency locality teams, based in communities located around schools and learning communities at a local level.

2. Proposed service model

2.1 Vision and aims of service model

Through engagement with children, families, professionals and partner agencies the Children's Strategic Partnership have established an aim, vision and a set of collective obsessions to drive the delivery and design of services for children and young people. These 'obsessions' directly respond to the findings from phase 1 of the programme. They provide the basis for measuring the impact of the changes we are seeking to deliver:



2.2 Core obsessions and performance indicators

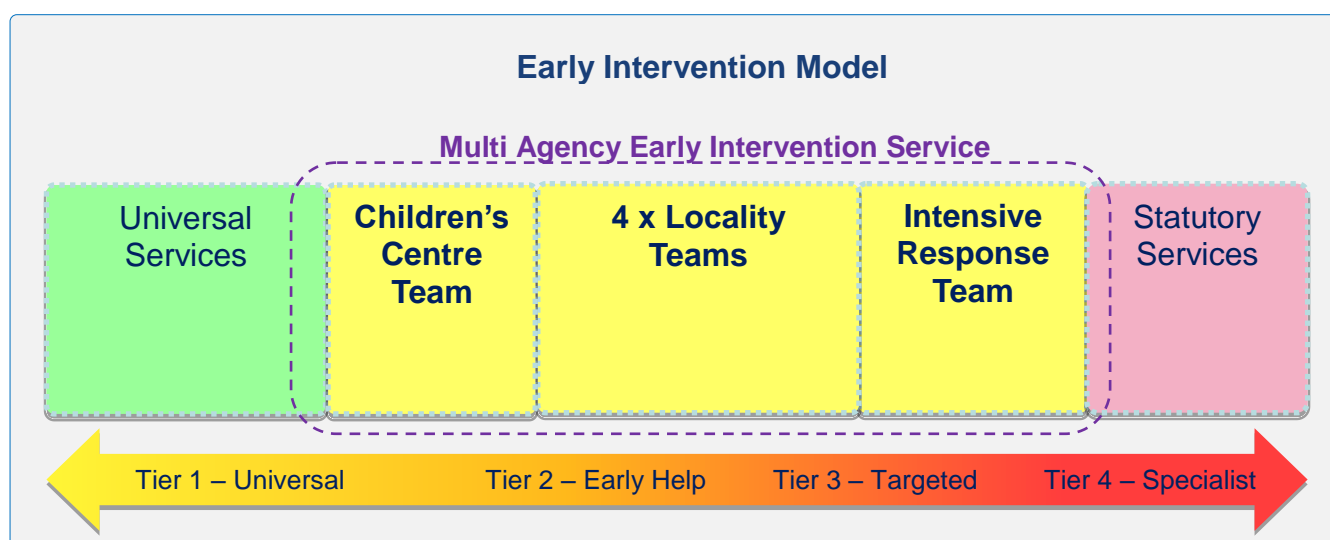
It is critical that the new delivery model is measured against the core obsessions that the partnership is seeking to deliver. A key component of the teams will be to deliver against these obsessions at a local level – enabling us to directly understand the impact we are making for children and families across the borough.

At the Service Redesign and Practitioner Reference Group sessions a set of performance indicators were identified against the core obsessions established by the Children's Strategic Partnership. These proposed indicators in the table below will form the basis of an outcomes and performance framework for the Early Intervention Service.

Collective obsession	Performance indicators for Early Intervention Service
Children and Young People have Opportunities to make the most of their life chances and to be safe	<ul style="list-style-type: none"> Improved school attendance Increase in mothers who breastfeed children Reduction in teenage pregnancy Reduction in incidents ASB among families and children Reduction in child sexual exploitation
Improving family relationships to reduce the number of children and families in need requiring a specialist worker	<ul style="list-style-type: none"> Reduction in children becoming looked after or subject to CP/ CiN plan Improvement in family relationships/ functioning (tbc) Reduction in entrants into the youth justice system
Reducing the impact of domestic violence, mental health, drugs and alcohol misuse on children and families	<ul style="list-style-type: none"> Reduction in incidents/ impact of substance misuse for families Reduction in incidents/ impact of domestic violence for families Improvement in emotional well-being (tbc)
Helping parents, carers and young people to gain skills and get jobs	<ul style="list-style-type: none"> Increase in parents sustaining employment Reduction in those who are NEET

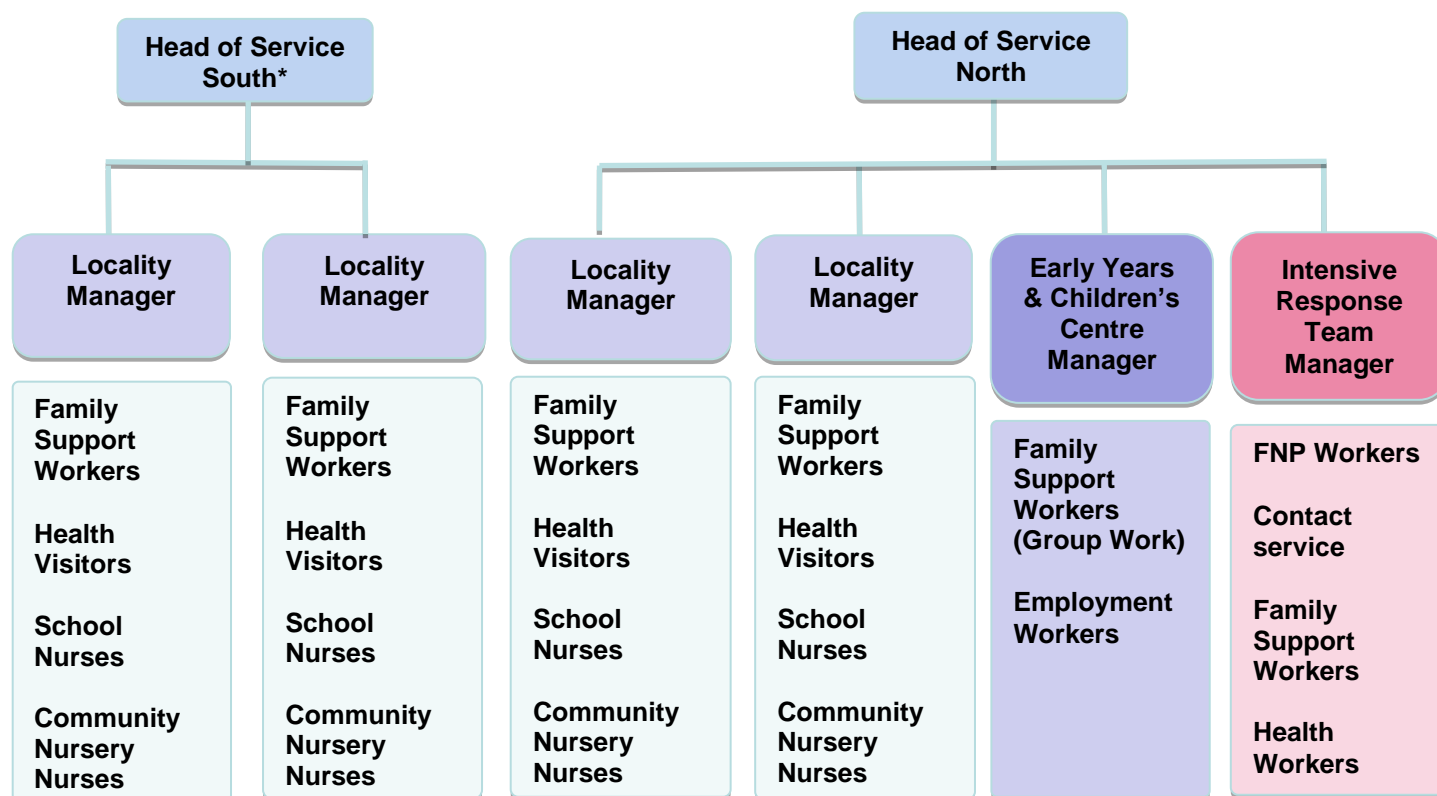
2.3 Overview of service model

The diagram below sets out an overview of the proposed model for early intervention to deliver the core obsessions and outcomes agreed, in response to the design principles developed by practitioners.



2.4 Structure chart

The chart below sets out how teams will be organised and the roles that will be included in the teams.



*Also managing Youth Offending Team and Troubled Families Team.

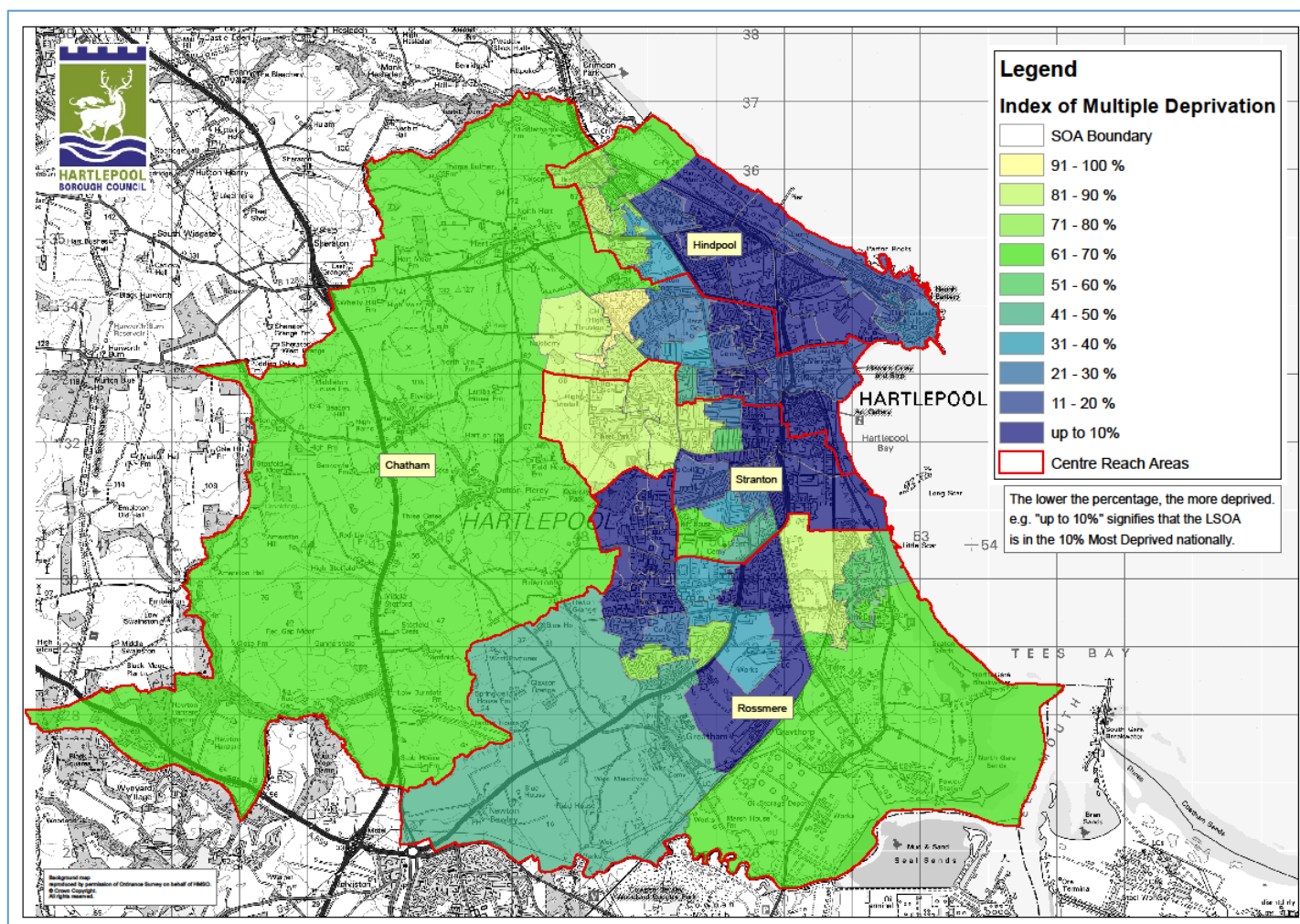
2.5 Summary of proposed teams

Team	Summary
Locality Teams	<p>These teams will work with children and families with additional needs to tackle root cause issues, achieve positive outcomes, and improve family resilience:</p> <ul style="list-style-type: none"> Support Workers will act as a Key Worker for a number of families – providing the majority of support including coordination of plan, routines, debt advice, parenting etc. Some Support Workers will act as a Key Worker for a smaller number of cases and use released capacity to deliver interventions on other cases and support universal services/ communities Health Visitors will provide more intensive Key Worker support work for a reduced number of families.
Intensive Response Team	<p>This team will deliver evidence based intensive interventions to families with children being worked with by a Social Worker to improve outcomes, and reduce the risk of entry into care. This will include:</p> <ul style="list-style-type: none"> Delivering structured, intensive and evidence led interventions around behaviour, routine and parenting

Team	Summary
	<ul style="list-style-type: none"> Delivering parenting interventions e.g. Mellow Parenting, Triple P. Delivering/ commissioning Multi-Systemic Therapy and other family therapy interventions Commissioning other evidence based interventions (e.g. family group conferencing) Delivery of licensed FNP programme Incorporating relevant roles from existing commissioned services. <p>The Contact service will be incorporated into the Intensive Response Team. Dedicated management for this team will be continued and the service will continue to be delivered from Children's Centres</p>
Children's Centre Team	Children's Centres workers in these teams will remain in the same team, delivering group work for families and parents across the borough. They will, however, work closely with Locality Teams, jointly delivering a range of groups across localities in collaboration with Locality Teams.

2.6 Localities covered

Our proposed Locality Teams will work with children and families in four locality areas. The proposal is to match to the four Children's Centre Reach Areas outlined below (Hindpool, Chatham, Stranton, Rossmere). It was felt this would be most appropriate model due to Children's centres and health already aligning to these North and South areas. This will be further explored with the detail of the models



2.7 What this means for teams in scope

Team	Key implications	Rationale
Early Help Teams, North and South Effective Interventions Team	<p>Staff will be allocated to one of four Locality Teams or to the Intensive Response Team. This could mean working from a different base and being line managed by a different Locality Team Manager. Depending on which team they are allocated to staff could be:</p> <p>A) Delivering Key Worker support in Locality Teams</p> <p>Workers will deliver Key Worker support to a lower number of families with additional needs. Some workers with lower caseloads will be available to support a proportion of social cases.</p> <p>Some Support Workers will be supported to have a specialist role and will:</p> <ul style="list-style-type: none"> • Hold additional 'specialisms' around DV, Substance Misuse, Bereavement, Emotional/ Mental well-being, Parenting and Adolescents • Provide short term interventions in cases held by other key workers, as required • Act as 'community champions' owning relationships with key universal services community members and supporting pro-active work in localities where new issues emerge <p>B) Delivering focused interventions in the Intensive Response Team</p> <p>This team will deliver evidence based intensive interventions to families with children working with a Social Worker to improve outcomes, and reduce the risk of entry into care.</p> <p>The Family Nurses (Family Nurse Partnership) will also be aligned to the intensive response team to ensure expertise is shared for the most vulnerable through the delivery of the licensed FNP programme.</p> <p>This team would be centrally managed and work across the borough.</p>	<p>Reduction in average caseload size is designed to allow more intensive work with families to increase impact on outcomes.</p> <p>Allocating Specialist roles to workers and freeing up their capacity to provide interventions on other cases and support for universal services/ communities is a direct response to the design principles agreed.</p> <p>The rationale behind these changes is to move towards a more structured and evidence based approach to improving outcomes for families and reducing the risk of entry into care.</p>
Health Visitors	<p>As above, staff will be allocated to one of four Locality Teams or to the Intensive Response Team. This could mean working from a different base and being line managed by a different Locality Team Manager. Depending on which team they are</p>	<p>These changes will allow Health Visitors to work more intensively with families and deliver interventions directly, rather than through referral to other services.</p>

Team	Key implications	Rationale
	<p>allocated to staff could be:</p> <p>Delivering universal and targeted support in Locality Teams In the new model Health Visitors will continue to deliver their core universal offer to all families in the locality (supported by the Locality Team). Where families require additional support this will be provided by the Health Visitor or a worker in the Locality Team, with the Health Visitor acting as the conduit.</p> <p>The Health Visitor caseload for Universal Plus (additional needs) cases will be reduced. This will allow Health Visitors to provide a more intensive key worker support, and deliver a range of interventions including parenting, routines, behaviour, debt advice and basic support on domestic abuse or substance misuse.</p> <p>Delivering specialist support in the Intensive Response Team Cases open to Social Care requiring the input of a Health Visitor is currently being discussed. Potentially there could a dedicated health resource within the Intensive Response Team.</p>	<p>This reflects staff feedback at Health Workshops requesting capacity if freed to spend more time working with fewer families.</p>
Family Nurse Partnership Workers	<p>Delivering specialist support in the Intensive Response Team FNP workers will be co-located with a borough-wide Intensive Response Team (including a number of family support workers and contact workers) supporting children and families who are being worked with by Social Care. This will ensure there is a whole family approach to our most vulnerable families.</p> <p>There have been discussions about the potential for FNP to broaden their eligibility however this is still in progress to understand whether this fits within the current remit of FNP. The FNP nurses will continue to deliver the FNP licensed programme until any broadening of the criteria can be agreed.</p>	<p>There are significant opportunities from using the specialist skills and experience of FNP workers to support families and avoid children entering care.</p> <p>These workers would also be able to develop other workers in the team to deal effectively with issues such as attachment and weaning.</p>
School Nursing	<p>Some staff will be aligned and bases with Locality Teams in the North. Others will be aligned and based with Locality Teams in the South. Staff will be:</p> <p>Delivering universal and targeted work across</p>	<p>Basing School Nurses in locality teams will support integrated working between these workers, Health Visitors and Support Workers. Enabling a joined up approach will help to reduce the number of workers involved and the</p>

Team	Key implications	Rationale
	<p>Locality Teams School Nursing staff will be split between the two Locality Teams in the North and the two Locality Teams in the South. School Nurses will continue to work at a universal and targeted levels across schools in Hartlepool.</p> <p>Supporting locality teams They will also work with other workers in locality team and identify other children or young people requiring additional support (& may support joint assessments). They won't hold cases in Locality Teams in the way that Family Support Workers and Health Visitors will.</p> <p>Delivering specialist work in the Intensive Response Team Cases open to social care that require a named School Nurse will be managed through dedicated resource in the Intensive Response Team.</p>	impact of intervention overall.
Children's Centres Team (including Contact Team)	<p>A number of staff will remain in Children's Centre Teams and work closely with the four Locality Teams.</p> <p>Change to management of universal plus pathway It is proposed that the universal plus pathway (UPP) is reviewed against current health pathways to ensure that locality workers (HBC and health) promote the Children's Centres to families.</p> <p>Relocating Contact service in Intensive Response Service The Contact service will be incorporated into the Intensive Response Team. The service will continue to be delivered from Children's Centres and venues that promote positive interactions between parents, children and siblings.</p>	<p>Locality Teams managing universal plus pathway will allow opportunities for the integration of this work with that of Health Visitors and Family Support Workers</p> <p>Integrating the Contact service into the Intensive Response Team will realise opportunities for this service to focus on and support reunification of children with families, supporting the overall aims of the model.</p>

2.8 Management, supervision and governance

A) Locality Management

Locality team will be managed by a Locality Team Manager who could be from a number of disciplines. This manager will oversee case work and day to day management arrangements of team members including signing off leave, absence and day to day case supervision.

B) Clinical Supervision

In addition, it is envisaged that there will separate clinical supervision for certain team members as required (e.g. School Nurses, Health Visitors & specialist roles within locality teams). Annual reviews will be undertaken with input from the locality manager and clinical supervisor

C) Local Governance

It is envisaged that localities will develop partnership forums. The forum will be responsible for overseeing the key target outcomes for the locality. This forum could include Head Teachers, Community leaders and some parents or carers.

3. Next steps

3.1 Timeline

Timescale	Key activity
Summer 2015	Completion of demand analysis
Oct 2015 – Jan 2016	Development of proposed model in collaboration with professionals
Feb – Mar 2016	Consultation on proposed model Development of ways of working and pathways Workforce development planning.
Mar – Apr 2016	Implementation of model, including: <ul style="list-style-type: none"> • Phasing of roles into new model • Transition of caseload management
Apr – Jul 2016	Embedding new teams and ways of working Development of pathways
Apr – Sep 2016 +	Developing and implementing plans for integration of other services into proposed locality model. Monitoring and Evaluation of the model against performance management framework Potential development of partnership governance and forums for localities.

CHILDREN'S SERVICES COMMITTEE

8 March 2016



Report of: Director of Child and Adult Services

Subject: DEVELOPMENT OF SUB REGIONAL ADOPTION SERVICE

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For information.

2. PURPOSE OF REPORT

2.1 To inform Children's Services Committee of the national policy agenda in relation to adoption and the local response to scope the development of a Tees Valley Adoption Service with the assistance of a grant from the Department for Education.

3. BACKGROUND

3.1 Adoption reform is a key priority for the Government building on work commenced under the coalition government through its publication Further Action on Adoption: Finding More Loving Homes (January 2013). This publication outlined a vision for a new adoption system with a key focus on tackling the adopter recruitment challenge calling for a system where there were fewer organisations recruiting and assessing adopters but operating on a much greater scale.

3.2 Since the election in 2015, the momentum in the reform of adoption services has increased through the following actions:

- The introduction of the Adoption Leadership Board and Regional Adoption Boards;
- The introduction of the Education and Adoption Bill making provision to require joint arrangements for carrying out local authority adoption functions in England;
- The publication by the Department for Education of a document entitled 'Regionalising Adoption' which outlines the following intention "By the

end of this Parliament we want to see all local authorities being part of regional agencies”; and

- In November 2015, the Prime Minister announced a range of new measures intended to double the number of children placed with adoptive families at the earliest possible point, halving the time they are waiting in care for the full process to be completed, and the intention to change regulations around the assessment of potential special guardians.

3.3 As part of the reform of adoption services, the Department for Education has committed £4.5m to stimulate change in the sector supporting early adopters of regional adoption agencies to accelerate their development and early implementation. The Department is offering financial and practical support to local areas to develop regional adoption agencies and all projects have been allocated a coach from the Department's delivery partner, Deloitte and Mutual Ventures.

3.4 Within the Tees Valley the concept of developing a shared adoption service has been under consideration for some time. Over the past two years, the Borough Councils of Redcar and Cleveland, Middlesbrough, Darlington and Hartlepool have worked together to develop a business case for a Tees Valley Adoption Service culminating in the commissioning of a report prepared by Mott McDonald on the Viability for a Social Enterprise Model. This report was undertaken as a desk top exercise and goes some way to understand local demand and the capacity available to the future service delivery model. Since this piece of work was undertaken, Stockton Borough Council has joined the Tees Valley Adoption collaboration recognising the need for this initiative to be across the whole sub region.

4. PROPOSALS

4.1 In October 2015 the Tees Valley local authorities submitted an expression of interest to the Department for Education for an adoption reform grant to scope the development of a Tees Valley Adoption Service. Initially this project was being led by Middlesbrough Borough Council, however due to unforeseen circumstances, Hartlepool Borough Council has now taken on the lead authority role.

4.2 In February 2016, the signed Grant Agreement was received from the Department for Education for the phase one, 2015/16 allocation. Phase one of the programme involves the development of a transition plan which will enable the partner authorities to strategically plan the future delivery model for a regional adoption agency and develop an option appraisal which will enable informed decisions to be made. A range of activities will be undertaken over the coming two months to put the local partners in a strong position to draw down funding for 2016/17 to implement the transition plan. Hartlepool Borough Council is supported by an allocated coach from the Government's partner, Mutual Ventures who is supporting the local project.

- 4.3 Further reports will be presented to Children's Services Committee in the coming months once the design and detail of the proposed new Tees Valley Adoption Service is developed. In summary however, the intention is to develop a Tees Valley Adoption Service which will deliver the following:
- Improved outcomes for children who require adoption through reducing delay by having a pool of adopters ready and assessed to be matched with children;
 - Increase the range and choice of adopter available to local authorities to meet the needs of children waiting;
 - Deliver targeted recruitment campaigns to increase the number of adopters available to meet the needs of hard to place children including those with complex needs and sibling groups;
 - Increase the footprint of the adoption service through sub regional collaboration;
 - Encourage cross-agency support and challenge to develop excellent practice;
 - Deliver greater efficiency, specialism and expertise;
 - Increase organisational adaptability and flexibility; and
 - Increase the scope to innovate in order to provide the best service for some of the most vulnerable children and young people.

5. RISK IMPLICATIONS

- 5.1 There are risks associated with the short timescales required for the delivery of this work, however officers are confident that the requirements can be met and this risk will be effectively managed through the strategic management group established to provide governance arrangements to the project.

6. FINANCIAL CONSIDERATIONS

- 6.1 Hartlepool Borough Council has received a grant from the Department for Education to lead the sub regional work to develop the model for a Tees Valley Adoption Service. The costs of the project are fully met by the grant.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations arising from this report.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations arising from this report.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations arising from this report.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations arising from this report.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations associated with this report.

12. RECOMMENDATIONS

- 12.1 Children's Services Committee is asked to note this report.

13. REASONS FOR RECOMMENDATIONS

- 13.1 Children's Services Committee should be informed of significant projects underway that may require a future decision by the Committee to change the way in which services are delivered.

14. BACKGROUND PAPERS

- 14.1 Department for Education, (June 2015) 'Regionalising Adoption'.

15. CONTACT OFFICER

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CHILDREN'S SERVICES COMMITTEE

8 March 2016



Report of: Director of Child and Adult Services

Subject: DEDICATED SCHOOLS GRANT 2016/17

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For information only.

2. PURPOSE OF REPORT

2.1 The purpose of the report is to provide an update on the Dedicated Schools Grant (DSG)

3. BACKGROUND

3.1 The local authority (LA) receives funding for education via the Dedicated Schools Grant (DSG) grant. This is split in to three areas: the Schools Block, the Early Years Block and the High Needs Block. This report provides an update on the funding allocation for 2016/17 for each of the blocks.

3.2 The table below summarises the DSG allocation for 2016/17

DSG Funding Allocation 2016/17			
Block	2015/16	2016/17	Increase/ (reduction)
	£m	£m	£m
Early Years*	4.489	4.489	(0)
Schools	60.748	61.449	0.701
High Needs	10.489	10.622	0.133
Total	75.726	76.560	0.834
Academy Recoupment	(26.404)	(26.718)	(0.314)
Grant Received HBC	49.322	49.842	0.520

* subject to actual participation

- 3.3 Hartlepool has been allocated a total of £49.842m after academy recoupment. The paragraphs below provide details of the changes in funding and emerging issues facing the Council.

4. EARLY YEARS BLOCK

- 4.1 The DfE have allocated funding of £4.489m. This is only an estimate at this stage as an adjustment will be made in January 2017 to reflect the actual participation levels. The allocation of funding is shown in the table below.

Early Years Block 2016/17	£m
2 year olds	1.236
3 & 4 year olds	3.008
Corporate Strategy	0.113
Pupil Premium	0.132
Total	4.489

- 4.2 Eligible two year old children are entitled to up to 570 hours per year of free early years provision. All three and four year old children are also entitled to up to 570 hours per year free early years provision.
- 4.3 The DfE calculate the funding on a per pupil basis, using the following rates £4,607.50 for two year olds and £3,364.61 for three and four year olds.
- 4.4 Early Years Pupil Premium is now in place for eligible three and four year old children in approved settings, initial funding of £0.132m has been allocated to the authority. Pupil Premium is allocated to the schools at a rate of £510 per annum per child pro-rata.
- 4.5 The Two year old hourly rates paid to providers of child care remain unchanged from 2015/16 at £4.90 per hour. Eligibility depends on a range of factors including benefit dependency, low income, disability and asylum seeker status. Income must be below £16,190 per annum to qualify.
- 4.6 Hartlepool has responded well to the offer of free early years entitlement for two year olds and has the best take up across the country. Participation is currently at 88%. Children take up their place in some schools, academies, private daycare providers and with childminders.
- 4.7 Funding for three and four year olds is determined by a 'Single Funding Formula' which includes a flat rate per hour plus incentives for deprivation, quality and flexibility of provision. This formula is reviewed annually to reflect changes to eligible providers' circumstances.

- 4.8 The three and four year old hourly rates vary between £2.77 and £3.70 per hour and are dependent upon the level of quality, flexibility and deprivation in a setting. The overall payments for three and four year olds are set out in the Single Funding Formula which is participation led. Providers are paid based on take up of places by eligible children according to headcount dates three times a year.
- 4.9 Three and four year old participation levels continue to be good with take up steady at a rate of 90%.
- 4.10 From September 2017 legislation will be in place to allow eligible 3 and 4 year old children in families that work access up to 30 hours per week early years provision. It is unsure at this stage what level of funding will be offered however there is a commitment from government to increase the amount of funding paid to providers. Work is underway to determine how this new commitment will be delivered in Hartlepool.

5. SCHOOLS BLOCK

- 5.1 The DfE allocate funding using a per pupil rate, of £4,695.39 this has been based at 2012/13 levels and adjusted each year for pupil numbers recorded on the October census. The authority was allocated £61.449m for 2016/17 an increase of £0.701m compared to 2015/16 (before academy recoupment). The increase relates to an increase in pupil numbers.
- 5.2 In addition to the funding directly allocated by the DfE to the schools block, the high needs block contribute £0.647m to the schools formula. £0.550m supports schools to fund the notional £6k for pupils who have special education needs and a further £0.097m contribution to centrally retained funding.
- 5.3 The table below summaries the allocation of funding in the schools block

Schools Block 2016/17	£m
DfE allocation	61.449
Add High Needs funding	0.647
Total Funding	62.096

- 5.4 Following formula consultation with the Schools Forum, Children's Services Committee approved the local schools formula on 1st December 2015. The main change to the formula for 2016/17 was the reduction in the deprivation factor from 15% to 13.5% the funding derived from this reduction was redistributed to schools via the per pupil formula.
- 5.5 To minimize volatility in funding, school budgets are subject to the minimum funding guarantee (MFG) which means no school will be worse off by more than 1.5% compared to the previous years (per pupil) funding. This does not guarantee funding for schools with falling rolls. To fund the MFG school gains

are capped. In 2016/17 the rate is set at 1.9%. The total cost of MFG in 2016/17 is £0.105m.

- 5.6 The authority is awaiting the consultation from the DfE regarding the national funding formula for 2017/18 and future years. There is a great deal of uncertainty of the impact to the authority and schools. The publication is imminent and further information will be reported to Children's Services Committee when it becomes available.

6. HIGH NEEDS BLOCK

- 6.1 The High Needs Block funding is allocated to support children and young people with special educational needs from 0-25 years. Funding has increased by £0.133m in 2016/17 to £10.622m compared to 2015/16 (before academy recoupment). The table below summarises the budget.

High Needs Block 2016/17	£m
Academy place funding	1.866
LA place funding	1.560
Independent school fees	0.900
Top up funding & support	4.869
Post 16 top ups	0.780
Contribution to schools block	0.647
Total	10.622

- 6.2 The authority commission places in special schools, the pupil referral unit and additional resourced units (ARP) which are attached to mainstream schools. Places are funded at £10,000 per year and based upon the needs of the pupil additional top up payments are then made to the provider. Place funding is commissioned on an academic year basis.
- 6.3 Place funding relating to academies are recouped from the authority and paid directly to the relevant academy by the Education Funding Agency (EFA). In total the authority commission 186 places and a further 156 places within local authority settings.
- 6.4 Over the last few years the pressure on the High Needs Block has increased significantly. This is owing to;
- an increased number of children and young people with additional needs who require Education Health and Care (EHC) plans and their associated support costs;
 - children and young people in our special schools and in our additionally resourced provision bases in mainstream schools are being diagnosed with more complex needs;
 - a greater number of children with additional needs without EHC plans who require additional support via Individual Pupil Support (IPS);

- an increased number of children and young people with complex needs needing to access specialist provision which is only available out of area.
- 6.5 Managing resources within the existing funding allocation is very challenging for the reasons detailed above. In September 2015 Schools Forum considered a report in respect of the emerging budget pressures and acknowledged that a full review of the funding was required. All areas of the block are under review and progress of this review will be reported to Schools Forum on 14th March. Once this has been completed, a further report will be brought to Children's Services Committee.
- 6.6 In 2015/16 an overspend of £0.350m is projected. This includes an over spend on independent school fees of £0.100m, Top up payments made to schools of £0.150m and a further £0.100m relating to the ARP units. No resources were carried forward from 2014/15 to support the overspend.
- 6.7 To mitigate this Schools Forum agreed to reduce the hourly rate paid to schools for top up payments from £9.90 per hour to £9.00. It is estimated that a saving of £0.170m, can be achieved in 2015/16. Council reserves of £0.100m have been identified to fund the overspend relating to independent school fees and a further contribution from the Early Years block of £0.080m.
- 6.8 Longer-term options to manage the pressures will be considered as part of the review. A further detailed report will be brought to Children's Services Committee in due course.

7. RISK IMPLICATIONS

- 7.1 There is insufficient funding to support the existing level of support paid to providers, within the High Needs block. This is a concern as early indications are showing that there are more children and young people presenting with more complex needs. In order to understand the current picture in relation to demand and supply a sufficiency assessment will be completed with proposed options to meet the increase in demand.

8. FINANCIAL CONSIDERATIONS

- 8.1 There is a great level of uncertainty in relation to the Government's spending review. All areas of the Dedicated Schools Grant are likely to be effected. However it will not be possible to understand and evaluate the impact until the DfE consultation is published.
- 8.2 The current level of spending within the high needs block is not sustainable within the current budget allocation. Following the review the options will be assessed to enable recommendations to be made to manage demand in this area.
- 8.3 In considering the issues outlined in this report Members are reminded that significant additional Government Grant cuts will be made over the period

2016/17 to 2018/19. As a result the Council faces a budget deficit for the next three years of between £16.3m and £18.3m, depending on the level of Council Tax increases approved by Members over this period. The recommended strategy for managing the 2016/17 budget position is predicated on the use of significant one-off resources to provide a longer lead time to make permanent budget reductions and the following table summarises the annual budget deficits.

Detailed proposals for achieving 2017/18 and 2018/19 budget reductions will need to be developed. Any additional budget pressures will increase the budget cuts which will need to be made and will need to be referred to the Finance and Policy Committee for consideration.

	Revised Forecast based on actual grant cut and 1.9% Council Tax increase £'m	Revised Forecast based on actual grant cut and 1.9% Council Tax increase and 2% Social Care Precept £'m
2016/17	4.749	4.179
2017/18	9.638	8.663
2018/19	3.945	3.443
Total	18.332	16.285
Cut as %age 15/16 budget	21%	19%

9. LEGAL CONSIDERATIONS

9.1 There are no legal considerations.

10. CHILD AND FAMILY POVERTY CONSIDERATIONS

10.1 There are no child and family poverty considerations.

11. EQUALITY AND DIVERSITY CONSIDERATIONS

11.1 There are no equality and diversity considerations

12. STAFF CONSIDERATIONS

12.1 There are no staff considerations

13. ASSET MANAGEMENT CONSIDERATIONS

13.1 There are no asset management considerations

14. RECOMMENDATIONS

14.1 It is recommended that Members:

- (i) note the contents of the report and that further updates will follow when DfEs consultation relating to a national funding formula has been received.
- (ii) receive further updates in relation to the implementation of the extended hours for three and four year olds which will be provided in due course.
- (iii) Receive an update will be provided when the high needs block has been reviewed and funding options have been identified.

15. REASONS FOR RECOMMENDATIONS

- 15.1 To ensure that members are aware of the Dedicated Schools Grant and the potential changes due within the forthcoming years

16. BACKGROUND PAPERS

- 16.1 Children's Services Committee papers – 1st December 2015
Schools Formula 2016/17 & Schools Forum report – 22 September 2015 High Needs Block Pressures

17. CONTACT OFFICERS

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CHILDREN'S SERVICES COMMITTEE

8th March 2016



Report of: Director of Child & Adult Services

Subject: FREE BREAKFAST PROVISION FOR PRIMARY SCHOOL CHILDREN

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Key Decision does not apply – for information.

2. PURPOSE OF REPORT

2.1 To provide an update on the pilot schemes for the provision of free breakfast to primary school children.

2.2 To provide feedback on the current schemes in place at Grange Primary and West View Primary.

3. BACKGROUND

3.1 At the full Council meeting on 7th August 2014 the proposal of providing all primary school children with free healthy breakfasts was raised. Consequently in September 2014 a questionnaire was issued to all primary schools requesting feedback on the current breakfast provision available to pupils and inviting headteachers interested in exploring the proposal in further detail to attend a meeting to consider any implications.

3.2 Five schools expressed an interest in investigating how the scheme would work. A meeting was held on 15th September 2014 involving headteachers, council officers and Councillor Chris Simmons where a discussion took place in relation to the following areas:

- practicalities of delivering the provision prior to the start of the school day;
- staffing implications on behalf of the catering team and school;
- the breakfast menu available;
- financial implications.

- 3.3 The catering team shared with the schools the financial implications of providing a free breakfast to primary school children at a town level and individual school level. It was acknowledged that the cost of funding the initiative would have significant implications for the Child & Adult Services Department and that the possibility of schools utilising Pupil Premium funding be explored. Schools agreed to pursue this route although it was noted that Pupil Premium funding must not be used on non Pupil Premium children.
- 3.4 The free breakfast pilot scheme run by Blackpool Council was used as an example of how the Hartlepool scheme may work, and a review of the findings of the Blackpool scheme has been undertaken by the Council's catering team to refine and develop the Hartlepool offer.
- 3.5 A second meeting was held with interested schools on 10th November 2014. Colleagues from West View Primary School attended the meeting to share the practical experiences of delivering the free breakfast provision.
- 3.6 The scheme at West View Primary school began in June 2014 involving two classes. The success of the initial scheme encouraged the school to roll out the provision to the full school in September 2014.

Grange Primary introduced their free breakfast provision, across the school, in the Spring Term of 2015

St Bega's introduced a scheme in the 2014/15 Summer Term however; their scheme was not financially viable and ended in at the end of the 2014/15 academic year.

- 3.7 At the Director's Meeting with Headteachers on 7th October 2015, the Director of Child & Adult Services updated that Kellogg had offered to provide free breakfast cereal and cereal bars to schools in Hartlepool that wished to offer free breakfast provision. The co-ordination of Kellogg's products to schools would be supported by Hartlepool Families First. Once a school receives their supplies it would be up to them to manage the provision within their school.

4. FINDINGS

- 4.1 In order to assess the impact of free breakfast provision in the two pilot schools, data relating to attendance and attainment has been reviewed. Teachers in both schools were also given the opportunity to provide feedback via an online survey.

West View Primary

- 4.2 West View Primary rolled out free breakfast provision across the academy in September 2014. Children can come into their classroom ten minutes before the school day starts in order for them to access their free breakfast or other learning related activities. The school funds the provision using Pupil Premium funding and the school budget. The food service is provided by

Hartlepool Borough Council's Catering Team with teachers and teaching assistants supporting the delivery of the provision within the classroom.

- 4.3 Feedback provided in the online survey shows that participating staff members strongly believe that:
- if the academy did not offer free breakfast provision, children would come into school without having anything to eat;
 - the academy offers suitably healthy choices within their provision;
 - the provision has positively affected the attendance, alertness, academic performance and health and wellbeing of the children in their class;
 - there would be a negative impact on some of the children in their class if the academy were to stop offering free breakfast provision.
- 4.4 Data collated by Child and Adult Service's Data and Performance Team shows that:
- attendance and persistence absences improved slightly in the 2013/14 academic year compared to 2012/13, then dropped again in 2014/15;
 - at Early Years Foundation Stage, Good Level of Development has been rising year on year since 2012/13, with an increase from 44.2% in 2013/14 to 64.6% in 2014/15;
 - at Key Stage 1, pupils achieving L2B+ in reading (73.6% to 81.8%) writing (64.2% to 77.3%) and maths (75.5% to 81.8%) has increased in 2014/15 from 2013/14;
 - At Key Stage 2, pupils achieving L4B+ has dropped in combined reading, writing and maths from 73.3% in 2013/14 to 69.7% in 2014/15.

It should be noted that the results shown in the above data are not only influenced by the school's free breakfast provision, other factors could also influence variations between academic years.

- 4.5 The academy intends to continue with its provision in its current form. The only barrier to allowing the school to do this would be changes to their funding streams or budgetary pressures.

Grange Primary

- 4.6 Grange Primary rolled out free breakfast provision across the school in the Spring Term of 2015. Children can access the classroom 20 minutes prior to registration to receive their free breakfast. The school funds the provision using Pupil Premium funding. The food service is provided Hartlepool Borough Council's Catering Team with teaching assistants and the school caretaker supporting the delivery of the provision within the classroom.
- 4.7 Feedback from participating staff members provided via the online survey shows that:
- there is a belief that if the school did not offer free breakfast provision some children would come into school without having anything to eat;
 - the school offers suitably healthy choices within their provision;
 - there are mixed opinions relating to if provision has positively affected the attendance, alertness, academic performance and health and

wellbeing of the children in their class. Some members of staff feel that there has been a positive impact, with others unsure whether or not this provision has made a difference;

- there is a belief that there would be a negative impact on some of the children in their class if the school were to stop offering free breakfast provision.

4.8 Data collated by Child and Adult Service's Data and Performance Team shows that:

- attendance and persistence absences improved in the 2013/14 academic year compared to the compared to 2012/13, then dropped again in 2014/15;
- at Early Years Foundation Stage, Good Level of Development has been rising year on year since 2012/13. With an increase from 57.8% in 2013/14 to 62.5% in 2014/15;
- at Key Stage 1, pupils achieving L2B+ in reading (63.4% to 68.6%) writing (46.3% to 64.7%) and maths (73.2% to 74.5%) has increased in 2014/15 from 2013/14;
- at Key Stage 2, pupils achieving L4B+ has increased slightly in combined reading, writing and maths from 44.9% in 2013/14 to 45.3% in 2014/15.

It should be noted that the results shown in the above data are not only influenced by the school's free breakfast provision, other factors could also influence variations between academic years.

4.9 In the case of Grange Primary, free breakfast provision was only being offered for one full term at the end of the 2014/15 academic year. This means that it is difficult for school staff and the Data and Performance Team to fully assess what impact the provision has had on those children accessing it.

4.10 The school would like to review the impact of the current provision before deciding whether to continue this offer. Part of this review will be for the school to assess whether the current delivery format is cost effective.

Kellogg's Offer

4.11 Since the offer made by Kellogg was advertised to schools in October 2015, six schools have confirmed that they would like to participate; these are Greatham, Lynnfield, Sacred Heart, St Cuthbert's (via the Belle Vue Centre), Eskdale Academy and Stranton Academy. Oscars have also indicated that they would run a service from West Rugby Club.

4.12 At the date of this report being submitted to Committee none of these schools have received any free products from Kellogg.

5. RISK IMPLICATIONS

5.1 No implications to consider.

6. FINANCIAL CONSIDERATIONS

- 6.1 West View Primary is providing free breakfast provision to all children in their school via their Pupil Premium funding and the school's budget. If either of these funding areas became unavailable or under pressure the academy would not be able to continue to provide this provision.
- 6.2 Grange Primary is currently using its Pupil Premium funding to provide free breakfast provision. If the school budget comes under pressure this could make this provision unviable.
- 6.3 If either school decides not continue purchasing their breakfast provision via the Council's catering team there would be an impact on the Facilities Management budget.
- 6.4 In considering the issues outlined in this report Members are reminded that significant additional Government Grant cuts will be made over the period 2016/17 to 2018/19. As a result the Council faces a budget deficit for the next three years of between £16.3m and £18.3m, depending on the level of Council Tax increases approved by Members over this period. The recommended strategy for managing the 2016/17 budget position is predicated on the use of significant one-off resources to provide a longer lead time to make permanent budget reductions and the following table summarises the annual budget deficits. Detailed proposals for achieving 2017/18 and 2018/19 budget reductions will need to be developed. Any additional budget pressures will increase the budget cuts which will need to be made and will need to be referred to the Finance and Policy Committee for consideration.

	Revised Forecast based on actual grant cut and 1.9% Council Tax increase £'m	Revised Forecast based on actual grant cut and 1.9% Council Tax increase and 2% Social Care Precept £'m
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2018/19	3.945	3.443
Total	18.332	16.285
Cut as %age 15/16 budget	21%	19%

7. LEGAL CONSIDERATIONS

- 7.1 School and academies are under no legal obligation to provide a free breakfast to their children.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 By providing a free breakfast to Pupil Premium children schools and academies are supporting low income families to meet some of the health and wellbeing needs of their children.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 Both pilot schools have offered free breakfast provision to all pupils, not just those eligible for Pupil Premium funding.

10. STAFF CONSIDERATIONS

- 10.1 Schools are currently using their current staffing levels to support their free breakfast provision.
- 10.2 If either school decides not continue purchasing their breakfast provision via the Council's catering team, budgetary pressures could lead to the need to implement staff redundancies within this team.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 Nothing to consider.

12. RECOMMENDATIONS

- 12.1 It is recommended that Children's Services Committee note the feedback from the two pilot schemes for the provision of free breakfasts to primary school children.

13. CONTACT OFFICER

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CHILDREN'S SERVICES COMMITTEE

8th March 2016



Report of: Director of Child & Adult Services

Subject: KEY STAGE 4 PUPIL ACHIEVEMENT SUMMARY
2015 (PROVISIONAL)

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For information.

2. PURPOSE OF REPORT

2.1 To provide a summary of Key Stage 4 pupil achievement outcomes from public examinations 2014-15, and to indicate any significant trends.

3. BACKGROUND

- 3.1 Children and young people in Hartlepool undertake formal assessments of their attainment and progress throughout each academic year. These assessments are a mixture of teacher assessments, which are moderated and standardised, and tests or examinations that are set nationally. Formal national testing and examinations usually happen in the summer term each year, although some 'early entry' public examinations are taken by Year 10 and Year 11 students at other times throughout Key Stage 4. From September 2013 only a student's first attempt at a GCSE examination will 'count' in school performance tables. This has resulted in some significant downward shifts in national benchmarks and in some Hartlepool outcomes, and makes year-on-year comparisons difficult.
- 3.2 There are nationally benchmarked outcomes for young people at the end of Key Stage 4. Young people are expected to make three levels of progress from Key Stage 2 to Key Stage 4. The key measure of attainment for young people at the end of Key Stage 4 continues to be 5+ GCSE passes at grades A*-C, including English and mathematics (5A*CEM). There are national floor standards of attainment and progress for maintained schools to reach at the end of Key Stage 4.

- 3.3 Data presented in this report are unvalidated. Validated data are due to be released in March 2016. This is a similar pattern to previous years. Hartlepool data presented in this report includes the outcomes of appeals and re-marks. National data for 2015 does not include the outcomes of appeals and re-marks from all schools. However the national data presented here are unlikely to differ markedly from the validated data that will be published in March 2016.

4. OUTCOMES SUMMARY

- 4.1 **Attainment:** the key indicator of 5A*CEM decreased from 55% in 2014 to 53% in 2015; the national figure rose from 55% to 56%. For the third year running Hartlepool is now performing broadly in line with the national average in this measure; Hartlepool was significantly below the national average in 2012.
- 4.2 Attainment in English dipped very slightly in 2015 with Hartlepool students having an average points score of 38.3 compared with an unchanged national average of 38.7. Standards of English attained by students in Hartlepool are broadly average.
- 4.3 Attainment in mathematics rose to 36.8 in 2015 compared to 38.0 in 2014, against a national rise from 38.0 to 38.3. Although standards of mathematics attained by students in Hartlepool are significantly below the national average the gap closed in 2015.
- 4.4 Attainment in science dipped very slightly in 2015. Hartlepool students attained an average points score of 41.2 compared to 41.5 in 2014. The national average for science in 2015 is 42.0 which means attainment in science in Hartlepool is significantly below this, however the gap has narrowed again for the third consecutive year.
- 4.5 Girls outperformed boys once again in 2015, and the gender gap widened slightly. The average GCSE grade attained by girls was a grade C+, whilst the average GCSE for boys was a grade C- (a half GCSE grade difference). In terms of 5A*CEM, 59% of girls attained this in 2015 compared to 60% of girls nationally; only 46% of boys attained this standard compared to 51% of boys nationally. There is no clear trend to demonstrate that the gender gap is closing over time.
- 4.6 The proportion of disadvantaged students attaining 5A*CEM fell from 40% in 2014 to 33% in 2015. This means the gap between the attainment of this group of students and other students nationally widened in 2015, following two years of narrowing.
- 4.7 The key attainment measure (5A*CEM) of students with special educational needs (those with and without a statement) was below national benchmarks for these groups, but not significantly so.

- 4.8 **Progress in English:** the proportion of students making the expected progress from Key Stage 2 to Key Stage 4 (KS2-4) in English fell from 72% in 2014 to 69% in 2015. The national average is 69%. The proportion of students making more than expected progress in English fell to 25% in 2015 compared to a national average of 30%.
- 4.9 The proportion of disadvantaged students making expected progress fell slightly from 59% in 2014 to 57% in 2015. The proportion of disadvantaged students making more than expected progress in English remained at 20% in 2015.
- 4.10 **Progress in mathematics:** the proportion of students making the expected progress from KS2-4 in mathematics increased from 54% in 2014 to 58% in 2015. The national average is 66%. The proportion of students making more than expected progress in mathematics also increased from 17% in 2014 to 20% in 2015, compared to a national average of 30%.
- 4.11 The proportion of disadvantaged students making expected progress increased from 41% in 2014 to 44% in 2015. The proportion of disadvantaged students making more than expected progress in mathematics also rose, from 8% in 2014 to 11% in 2015.
- 4.12 **A note about 2015 Key Stage 4 progress measures for Hartlepool young people:** Members may recall that all Hartlepool primary schools took a decision to boycott Key Stage 2 SATs in 2010. This means that the only KS2 data for those students in Year 11 in 2015 were whole level teacher assessments, rather than fine-grade levels (eg Level 2b, Level 3a) that are usually obtained from a test score. In calculating progress measures for last year's Year 11 students, the DfE assumed that students with a teacher assessed whole level were in fact at the mid-point of that level. For example, a student with a KS2 Level 2 is assumed to be at Level 2b; a KS2 Level 3 student is assumed to be at Level 3b. It is not at all clear what the impact of this decision has been on the KS2-KS4 progress measures for these students. For this reason, KS2-KS4 progress measures in 2015 should be treated with some caution.
- 4.13 **Floor standard:** for the sixth consecutive year all Hartlepool mainstream secondary schools are above the current government floor standard, which sets the minimum expectations for students' attainment and progress.
- 4.14 **Overall summary for 2015:**
- generally, standards of attainment in Hartlepool remain broadly in line with national averages;
 - standards in English dipped slightly in 2015 but are in line with the national average;
 - the progress of students in English from KS2-4 requires improvement to be good because not enough disadvantaged students make expected or more than expected progress (but see 4.12 above);

- standards in mathematics are significantly below the national average, although the gap closed in 2015;
- the progress of students in mathematics remains a cause for concern because not enough students make the expected, or more than the expected, progress from the standards that they reach at the end of primary school (but see 4.12 above);
- standards in science are improving steadily over time but are still significantly below the national average, although the gap to the national average closed for the third consecutive year in 2015;
- girls outperformed boys in the vast majority of subjects and indicators, and there is no trend to show that this gap is closing;
- standards attained by disadvantaged students generally remain stubbornly below non-disadvantaged students in Hartlepool and nationally;
- students with special educational needs reach standards that are in line with their peers nationally.

5. RISK IMPLICATIONS

- 5.1 There is a reduced risk that two secondary schools in Hartlepool will not achieve a 'Good' grading at their next Ofsted inspection. This is because the leadership and management of these two schools was graded 'Good' at their last inspection and current evidence in these schools now suggests that students are making good and better progress.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial implications.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 Closing the achievement gaps between boys and girls, and between disadvantaged children and their peers, in primary schools continues to be a key challenge. This is also a regional and a national issue. 'Closing The Gap' is a high priority recommendation in the Education Commission report that was brought before this Committee in September 2015.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations.

12. RECOMMENDATIONS

- 12.1 Committee to note the contents of this summary report.

13. BACKGROUND PAPERS

- 13.1 There are no background papers to this report.

14. CONTACT OFFICER

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CHILDREN'S SERVICES COMMITTEE

8 March 2016



Report of: Director of Child and Adult Services

Subject: HEALTHWATCH HARTLEPOOL ASYLUM SEEKER
AND REFUGEE HEALTH CONSULTATION REPORT

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For Information.

2. PURPOSE OF REPORT

2.1 To inform the Children Services Committee of the outcomes of the recent Health focused consultation events undertaken by HealthWatch Hartlepool with the town's asylum seeker and refugee community as referred to committee by the Health and Wellbeing Board.

3. BACKGROUND

3.1 HealthWatch Hartlepool is the independent consumer champion for patients and users of health and social care services in Hartlepool. To support the work we have appointed an Executive committee, which enables us to feed information collated through our communication & engagement plan to form the strategic vision. This ultimately should lead to influence of all services within the borough. Further information relating to the work of HealthWatch can be viewed via www.healthwatchhartlepool.co.uk.

3.2 The asylum seeker and refugee consultation was included in the 2015/16 work programme of HealthWatch Hartlepool as a result of some concerns raised with the organisation regarding access to and provision of health related services to members of this community.

4. PROPOSALS

4.1 Establish under the Health and Social Care Act 2012, the requirements set out in the legislation mean HealthWatch Hartlepool will be expected to:

- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning, provision and scrutiny of health and social care services.
- Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of local residents and service users.
- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public about accessing health and social care services together with choice in relation to aspects of those services.
- Represent the views of the whole community, patients and service users on the Health and Wellbeing Board and the Hartlepool Clinical Commissioning Group (locality) Board.
- Make the views and experiences of the broad range of people and communities known to HealthWatch England helping it to carry out its role as national champion.
- Make recommendations to HealthWatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with recommendations, if for example urgent action were required by the CQC).
- This report will be made available to all partner organisations and will be available to the wider public through the HealthWatch Hartlepool website.

5. RISK IMPLICATIONS

- 5.1 There are no risk implications arising from this report.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations arising from this report.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations arising from this report.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 Asylum seeking and refugee families are a vulnerable group in relation to child and family poverty. The report outlines the challenges faced by asylum seeking and refugee families in relation to accessing support and the impact this has on them, which can potentially increase their vulnerability to poverty.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 HealthWatch Hartlepool is for adults, children and young people who live in or access health and/or social care services in the Borough of Hartlepool. HealthWatch Hartlepool aims to be accessible to all sections of the community. The Executive Committee will review performance against the work programme on a quarterly basis and report progress to our membership through the 'Update' newsletter and an Annual Report. The full HealthWatch Hartlepool work programme will be available from www.healthwatchhartlepool.co.uk

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations arising from this report.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations arising from this report.

12. RECOMMENDATIONS

- 12.1 That the Children's Services Committee note the contents of the HealthWatch Hartlepool Asylum Seeker and Refugee Consultation Report (**Appendix 1**) and consideration is given to recommendations contained within.

13. REASONS FOR RECOMMENDATIONS

- 13.1 The recommendations are based on findings from the consultation events and subsequent discussions.

14. BACKGROUND PAPERS

- 14.1 None.

15. CONTACT OFFICER

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Healthwatch Hartlepool Asylum Seeker and Refugee Consultation

November 2015

MISSION STATEMENT

"Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard."

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1. Background

1.1 Healthwatch Hartlepool has a key role to play in ensuring that all local communities receive the best possible health and social care services. To this end we work closely with local people, patients, service users, carers, community groups, organisations, service providers and commissioners in order to improve services today and also to shape and influence services to meet the needs of the communities of tomorrow.

1.2 To this end, we are keen to ensure that all communities have a voice regarding their health and social care needs and welcomed the opportunity to work with the Regional Refugee Forum North East who work to ensure that the collective voice of local Refugee-led Community Organisations (RCO's) is heard by decision makers.

1.3 On the 7th September 2015 an event was held at St Joseph's Parish Hall, Hartlepool. The session, which was jointly organised and run by staff from the Regional Refugee Forum and Healthwatch Hartlepool, aimed to gather experiences from members of the local refugee and asylum seeker communities of the town of health and social care provision.

1.4 Fifteen refugees/asylum seekers attended the event, originating from five different countries; Iran, Zimbabwe, Nigeria, Sri Lanka and Pakistan. Participants worked in small facilitated groups in which guided discussions covered issues such as mental health issues, G.P services and general wellbeing.

1.5 This report summarises the key points and issues which were raised during the course of these discussions and identifies several key areas for future development and consideration by partner service provider and commissioning organisations.

2. Findings

2.1 Mental Health

2.1.1 Mental health is widely accepted as being a major issue for asylum seekers and refugees. Our findings during the course of our discussion highlighted and reinforced this belief with a range of mental health related issues identified.

2.1.2 A significant proportion of those seeking asylum have experienced horrific events and circumstances, which can have long lasting emotional and psychological impacts. Examples were given of the consequences this can have on both children and adults and of difficulties experienced in accessing support for post-traumatic stress related disorders.

2.1.3 The use of the term “mental health” can be a barrier as many refugees and asylum seekers have cultural backgrounds and beliefs which attach stigma to this term. Also, there is often little awareness of Improving Access to Psychological Therapy Services (IAPT) and publication of such services via leaflets and other written formats is not effective, particularly when understanding of English language is limited.

2.1.4 Specific examples were also highlighted in which children had been very traumatised by their experiences and families had struggled to access the necessary child psychological services through either schools, social workers or G.P surgeries.

2.1.5 Participants also highlighted the anxiety and stress which asylum seekers suffer whilst their case is being considered and the possibility of deportation hangs over them. This period of waiting can be long and impacts on individual mental wellbeing. During this period asylum seekers are subject to strict regulations, are not permitted to work and have very limited income and resources.

2.1.6 Participants reported mixed experiences with G.P's, some saying they were extremely sensitive to their circumstances and needs whilst others reported problematic relationships in which communication was difficult and interpretation services problematic. In particular, G.P attitudes to mental health and use of

culturally insensitive terminology could lead to mistrust and reluctance to enter treatment.

2.1.7 As mentioned above, a low level of awareness was reported regarding social prescribing and little seems to be done to explain what this involves and the benefits they can have as an alternative to anti-depressant medication.

2.1.8 Adjusting to a radically different society with different value structures and social norms, coupled with restrictions on the ability to work can have significant impact on self esteem and wellbeing, particularly amongst men from cultures in which they have had a prominent position in households. This in turn can lead to or exacerbate existing mental wellbeing issues.

2.2 Communication and Information

2.2.1 As has been mentioned above communication and information can be a major barrier to asylum seekers and refugees being able to access health care. Understanding of written and spoken English can be very poor and over reliance on written formats is therefore problematic.

2.2.2 Participants also referred to a lack of availability of interpreting services and in some instances problems with the interpreter. Concerns were raised about occasions when factors such as dialects, conflicts in countries of origin and cultural sensitivities have impacted upon the service provided by interpreters.

2.2.3 The sheer complexity of health structures and how our health systems operate also caused confusion and could act as a barrier to health care, particularly on occasions when time had not been taken to explain the basics of accessing and obtaining health services.

2.2.4 Currently all failed asylum Seekers can access free primary care at G.P's and A&E services. However, secondary care can be chargeable (although treatment for communicable diseases is free) and information on what care is available is not always made clear.

2.2.5 Information flows as described by participants seem to be inconsistent, with reports that asylum seekers had "stumbled across" health related information rather than receiving it in a planned and considered manner. This

would appear to be particularly so with regard to primary care services. No formal information dissemination processes from Hartlepool and Stockton CCG (HAST CCG) to asylum seeker and refugee communities in Hartlepool exist.

2.3 Healthy Living

2.3.1 Numerous participants reported significant difficulties in maintaining a healthy lifestyle particularly in relation to diet and exercise.

2.3.2 Asylum seekers have a budget of £5 per day with which to feed and clothe themselves. Outlets at which vouchers can be used are limited and very often food products and types are very different from those they are used to. Subsequently some participants reported significant weight gain due to high content of fats and sugar in their new diet and lack of awareness of the unhealthy nature of certain food types.

2.3.3 Lack of opportunities to take exercise were also mentioned. The use of gyms, swimming pools and other leisure activities were generally not possible due to the cost entailed and cultural sensitivities. Attempts to set up a gym by the Asylum Seeker and Refugee Group have so far been unsuccessful.

2.3.4 Suggestions were made that greater access to exercise would help with mental wellbeing as well as physical fitness.

2.4 Other Issues

2.4.1 Issues around quality and condition of housing were raised by a number of participants. These included poor decoration and furnishings and some problems with interpretation and liaison services between Jomast and tenants.

2.4.2 Housing arrangements for asylum seekers are managed through the National Asylum Seeker Contract which is overseen by the Home Office. This channels all asylum seekers who are seeking leave to stay in the UK, through its contract with G4S, the housing provider for this in Hartlepool is however Jomast via a subcontracting arrangement with G4S.

2.4.3 Some families also reported difficulties in accessing relevant support for children who were in need of specific courses of treatment for medical condition.

These problems could be exacerbated by the financial constraints placed on families by Home Office regulations and proximity of schools to home, G.P surgeries and treatment centres.

3. Conclusions

3.1 Our findings clearly show that there is a lack of clear information and guidance for members of the asylum seeker and refugee community in Hartlepool around the availability of and entitlement to health care. Health structures and provision are complex, as are the national regulations which govern this area, but it clear from our consultation that significant improvement is needed.

3.2 Mental health is clearly a major area of concern. Cultural sensitivities and stigma can be a barrier to both adults and children accessing treatment and pathways in to services can be confusing and unclear. Language difficulties, inconsistency in GP patient experience and lack of awareness of psychological therapies can also be barriers which prevent access to appropriate care.

3.3 The trauma, upheaval and shock which is part and parcel of the lives of refugees and asylum seekers impacts deeply on family wellbeing and lifestyles. This can in turn effect have hugely detrimental effects on physical and mental health and personal and family life.

3.4 Translation and interpretation services are often key to individuals and families being able to access information around health care, housing, education and a host of other issues. Sensitive and skilled translation and interpretation services are key but it would appear that on occasions the skills of interpreters are questionable and regional/dialect variations can cause problems.

4. Recommendations

4.1 There must be a coordinated and concerted effort to ensure that access to culturally sensitive mental health services is improved for those requiring support within the asylum seeker and refugee community in Hartlepool. This must include the development of a more joined-up approach to care and support

provision between all provider agencies and more effective communication and sensitivity to the needs of this community.

4.2 HAST CCG, as a matter of urgency should seek to improve information dissemination and communication with asylum seeker and refugee communities in Hartlepool and ensure that individuals and families are aware of health related service and how to access them.

4.3 Attention must be given to improving methods of engagement with asylum seekers and refugees, including translation and interpreting services, by all agencies involved in the provision of health services to which this community are entitled.

4.4 Hartlepool Borough Council and HAST CCG should engage with representatives of the asylum seeker and refugee communities in Hartlepool to find ways of promoting healthier lifestyles (e.g diet and exercise) within and beyond the community.

5. Acknowledgements

5.1 Healthwatch Hartlepool would like to thank the Regional Refugee Forum and Hartlepool Refugee and Asylum Seeker Group for their help and assistance in gathering the information contained in this report.

Stephen Thomas
Healthwatch Development Officer